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Appointment of Public Health Nurses by the Merit System

By Fred Telford

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Editorial Note: Mr. Telford was asked to write this article for us with a view to opening a discussion on the effectiveness of the merit system. We hope to secure other articles on the practical working out of the merit system from the point of view of the public health administrator and the appointee—the public health nurse. Opinions, voluntarily submitted, will also be welcome.

We are adding a statement of the facts collected by the N.O.P.H.N. statistical service showing the status of civil service appointments in public health nursing services of health departments.

FROM the point of view of public health administration the appointment of a public health nurse may properly be looked upon as a first step, to be followed in turn by training, by the assignment of definite tasks, by the performance of these tasks, by the payment at regular intervals of reasonable rates of pay, by appraisal of the work performed from time to time; and, in the end, by some sort of separation from the position—by demotion, by transfer, by resignation, by retirement under a pension system, by removal for incompetence or misconduct, or otherwise. From the point of view of personnel administration, however, the appointment of the public health nurse, far from being the first step, is one about midway in the series. To be done intelligently it must be preceded by a number of other operations. It is failure to perceive this fundamental fact which has often led to misunderstandings on the part both of public health administrators and of those responsible for the operation of the central personnel agency. It may be worth while to outline in very brief form the principal things which must be done in advance of appointment.

CONSIDERATIONS BEFORE APPOINTMENT

First, of course, is the decision as to whether public health nursing shall be undertaken at all by the administrators. Next comes the decision as to the field of work, and particularly its limitations. With this out of the way, the functions to be undertaken must be given to some existing agency or else a new agency set up to exercise them. The exact type of organization, including the number and kinds of positions, the compensation to be paid incumbents, the procedure to be used, the records to be kept, the quarters, and the furniture logically follow next. For each individual position the exact tasks to be performed as well as the relation of the person holding the position to those above and below him or her must be determined. The qualifications required of and desired in the person holding the position must be decided upon and some means of measuring these qualifications secured or devised. Steps must be taken to canvass the field, and to measure the qualifications of the various persons available. Finally, the person considered best equipped on the whole among all those available must be selected and arrangements made with him or her to begin work.

Obviously, there is no means of omitting any of these steps or decisions. Each separate operation may, to be sure, be disposed of quickly and informally or be given intensive study.

After the agency to perform public health nursing has been set up and its organization determined, moreover, it is not necessary to repeat these steps each time an appointment is made. It is safe to say, however, that every time an appointment is to be made the matter of qualifications should probably be considered anew in view of the results obtained with the persons of various qualifications employed; steps must be taken to find a reasonable number of persons believed to be reasonably well qualified; the qualifications of each of these persons considered available must be appraised and measured as well as possible; and the person considered best qualified among those available must be inducted into the job.

DIFFICULTIES IN THE PRELIMINARIES

Quite obviously, it is not easy to handle satisfactorily a number of these matters which must precede the making of an appointment. If I am correctly informed, there is considerable diversity of opinion even among those technically equipped who have given the subject much thought as to just where public health nursing begins and leaves off. Certainly the existing diversity in the form of public health nursing units in various places indicates that those engaged in this work are not unanimous as to the best machinery for achieving the ends considered desirable. There is something approaching agreement as to the qualifications a public health nurse should have but no recognized, reliable, and accurate means of measuring the extent to which any given applicant possesses these qualifications and no standard procedure for making sure that a reasonable number of those equipped to do public health nursing and in search of a job have openings brought to their attention.

THE RECRUITING PROBLEM

It seems to me quite obvious that after the preliminary matters have been taken care of and the stage is set for a real attack upon the recruiting problem, two technical jobs calling for the services of specialists remain. One job is technical from the point of view of public health administration and the other is technical from the point of view of good personnel administration.

It would be difficult, if not impossible, for the personnel administrator working alone to determine the qualifications a public health nurse should have, all the specialized knowledge the public health nurse should possess, and the particular places where public health nurses of the kind desired can be found. Likewise, it seems to me utterly unreasonable to expect public health administrators to be skilled in the principles of test construction and the statistical evaluation of test results; or to set up and operate the formidable machinery which most public personnel agencies have for bringing the opportunity for appointments of any sort to the attention of large groups of people who must be circularized in order to find the very few well equipped for the particular position to be filled. The very essence of good recruiting work for public health positions, it seems to me, is for the public health administrator and the personnel specialist to put their heads together, combine forces, and thus achieve the results that neither can hope to achieve working alone.

If the recruiting for public health nurses must be done alone and independently, either by public health administrators or by personnel specialists, I should unhesitatingly choose the former despite the disadvantages involved. The reason is that in my opinion a knowledge of public health work is of greater importance than a knowledge of technical personnel procedure. At the same time the disadvantages of such a procedure should be clearly recognized. The public health administrator is—or should be—a specialist in public health work and not in personnel problems. There is danger that the public health administrator left to his own devices will make selections from among the persons he or she happens to know about when others of superior qualifications

are available. The public health administrator, as is stated above, cannot reasonably be expected to be familiar with the modern devices which have proved useful in measuring the qualifications of those considered; this constitutes a real science and art in itself.

Finally, the public health administrator, like others in similar positions, is very busy with his or her operating problems and finds it irritating to the last degree to drop these operating problems for hours or days to work out some technical personnel problem in which he or she is not particularly interested and with which he or she is not well prepared to cope. In a word, the public health administrator can, if driven to it, do fairly effective recruiting work, though at the cost of serious interruptions in the regular operating work. Such a method of recruiting should be the final resort after other methods have failed; every attempt should be made to relieve the public health administrator of the necessity of familiarizing himself with a technical field not directly related to public health work and in any case involving the performance of a good many tasks which interfere with operating problems.

It seems unnecessary to point out the types of blunders the personnel specialist is bound to make if, because of necessity or stupidity, he attempts public health recruiting work without the counsel, coöperation, and active assistance of the public health administrator. Under such circumstances he has no means of knowing what qualifications are desired and required and what their relative importance is. He cannot devise the tests, formal and informal, written and unwritten, which best measure the extent to which the persons considered possess those qualifications. As a matter of fact, he cannot unaided discover large numbers of persons who would like to be considered and whose qualifications would justify careful consideration. In brief, the personnel specialist, like others, cannot do his work blindly with any certainty of achieving results—and as a guide and assistant he needs a competent, sympathetic, interested public health administrator.

THE COMBINED FORCE OF THE MERIT SYSTEM

The merit system, properly administered, means that in recruiting for public health nurses the public health administrator and the personnel specialist combine their forces. It is necessary, even in coöperative action, to have some one who will make decisions after counsel has been obtained and debatable points talked over. Under the merit system this final decision is placed in the hands of the personnel specialist, though in practise differences of opinion are rare when competent public health and personnel administrators with good intentions get together.

Experience shows that as to qualifications the opinions and judgments of the public health administrator practically always prevail; that as to the tests to be used both have a great deal to contribute; that as to the construction of the tests the personnel specialist, being in his own field, assumes the burden of the work, though he must frequently call upon the public personnel administrator for counsel, criticism, and assistance in carrying on the experimental work; that in finding persons whose qualifications are to be measured the public health administrator does most, though the personnel specialist contributes a good deal; that in actually conducting the tests used to measure the qualifications it is best to use the machinery of the personnel specialist, though the public health administrator's help is needed for certain things; that in evaluating statistically the results obtained the personnel specialist must work practically alone; and that after the work is all done and the time has come to talk about what better methods can be used the next time, both contribute almost equally.

MISUSE OF THE MERIT SYSTEM

Both the public health administrator and the personnel specialist, it should be recognized, are often hampered in achieving their ends by those who

would use the public service for party, religious, racial, social, or personal purposes. As a matter of fact, the persons holding administrative posts in public health or personnel work sometimes have little interest in either public health or personnel administration but a deep interest in using the organization with which he is connected for purposes which, in view of the aims which governments are established to secure, are improper. Whether public health or public personnel work is most often debauched in this fashion, I am unable to say; that each is occasionally, or even oftener, I am positive.

Unfortunately, too, it is true that persons lacking in ability and competence, though with the best intentions in the world, are sometimes appointed to important posts in public health and personnel work; again I am unable to say in which field such appointments are more common. Most public health administrators and public personnel administrators have to be ever on the alert to fight the twin evils which may be called "the spoils system" and incompetence. In this fight too I am inclined to believe they will make more rapid progress and more surely hold what they have already gained by combining forces than by fighting independently—especially if they attack each other instead of the common enemy.

In conclusion, I should like to say that it is my opinion the best recruiting work for public health nurses can be done under the merit system when those responsible for its administration have the intelligent and enthusiastic coöperation of public health administrators. If this is impossible, perhaps the next best thing is for the public health administrator to do his or her recruiting work alone. The spoils system and incompetence, combined or alone, will make the selection of properly qualified public health nurses improbable in any case.

CIVIL SERVICE IN PUBLIC HEALTH NURSING SECTIONS OF MUNICIPAL HEALTH DEPARTMENTS

Of a selected list of 88 health departments located in various cities of the United States and employing public health nurses, 36 require a civil service examination for appointment to their nursing staff. These 36 health departments, on January 31, 1928, employed a total of 1,795 nurses and the size of staffs ranged from two to almost 600 nurses.

Thirty-two departments gave additional information as to who was responsible for the appointment to the nursing staff of nurses passing the examinations, and who was responsible for discharging nurses. Fifteen of the agencies giving this information had nurse directors for the public health nursing sections.

The health officer is responsible for the appointment and discharge of the nurse director in 14 departments and in one department the chief of the Bureau of Child Welfare.

The person or persons responsible for the appointment and discharge of field nurses in departments where there is and is not a nurse director are:

	Nurse director	No nurse director
Health officer	9	14
Mayor and health officer	1	..
City commission and health officer	1	..
Board of Health	5	..
Director of Bureau of Child Welfare	..	1
Director of Public Safety	1	..

N.O.P.H.N. Statistical Service

As Others See Us

The Public Health Nurse from the Standpoint of the Physician *

By J. G. Crownhart

Secretary, State Medical Society of Wisconsin, Madison

THERE is a basic relationship that exists between the physician and the nurse, and we may not lose sight of that relationship if we are to have complete understanding. In discussing that relationship I would point out, first, that every physician is engaged in public health work and has been so engaged long before the public became conscious of the value of community as well as individual health. Indeed, those who may be cited as authorities in the field of our community health have frequently stated as a fact that the private practitioner, the family physician if you please, is the first line of defense and the first line of offense in all public health endeavor. It is frequently thought that the physician is too conservative in public health projects; that the physician is conservative to the point of almost alternating between low and reverse where he should be traveling in high. Let me remind you that if the physician is conservative, it is because experience has taught him the dangers of being overconfident. He has seen too many snap judgments prove fallacious; he has seen too many panaceas prove to be but the desires of quacks to acquire money or fame. On the other hand it was the State Medical Society of Wisconsin which thirty-three years ago secured the establishment of a State Board of Health. Today it is this same Society that has the largest press service in the field of disease prevention of any state organization.

The Team Relationship

In discussing the basic relationship, we must remember that the physician and nurse are a team. Nursing is as essential *in* the treatment as is the *direction* of that treatment by the physician. The physician is the contractor, if you please, who takes the patient as he finds him and on that foundation attempts to erect the structure of good health along the plans given him by the progress of scientific medicine. A part of the work he does himself, another part of the work he must sublet to the nurse and in some cases, still another portion of the work is sublet to the hospital. Such is the relationship of the physician and the private duty nurse, working together as a team, each doing his share on his own side of the wagon tongue.

This relationship is not changed when the private duty nurse becomes a public health nurse. The physician and nurse are still a team, but now the nurse has greatly added responsibilities. Directly responsible to a board of laymen for showing that public health work pays, she must continue to do a scientific piece of work along the lines that science has indicated that such work may be accomplished. She cannot hasten the process, omit the steps of tedious details, nor overstep the bounds of basic relationship without endangering if not voiding the end result. Naturally anxious to secure demonstrable results, she cannot fall into the pitfall of trying to do her work alone, but must rely upon educational methods which are annoyingly slow. The public health nurse must maintain the teamwork, the basic relationship, and add the public to the team. She must resist the ever present temptation to make a showing at the expense of these basic principles.

Insulin for diabetes was announced

* Presented before Ninth Annual Conference on Maternity, Child Welfare, and Public Health Nursing, Wisconsin State Board of Health, Madison, March 20, 1929.

to the public almost overnight. But it was the end result of science working out, over a long period of time, its problem in the only way it knows how. The value of public health may come to the people relatively almost over night, but if it is to be a permanent thing, it too must be based upon the same exact scientific process. Much as we desire, we cannot offer the public that which we do not have or that which is not proven, for there is none so wary as he who has been deluded, he who has grasped for a plank and found a straw.

Constructive Criticisms

With these remarks on the basic relationship, I turn to what I hope to be constructive criticisms — suggestions from one friend to another. The work of the public health nurse is important. The importance of the work should not mean that the nurse should raise barriers around herself and her work, but should rather lower any existing barriers to the end that she may acquire every viewpoint and merge the divergent into a common channel, a middle course that promises the best end results. We sometimes hear of a doctor or a lawyer "standing on his professional dignity." Let me assure you that no one has yet found professional dignity a very safe footing.

The public health nurse is slowly but surely acquiring an increased public confidence. With this must come increased care in the selection and application of the projects for accomplishment. Enthusiasm is a wonderful asset but over-enthusiasm that ignores the danger signals may be as deadly to success as poison is to the human being. You must not yield your good judgment to demands from the laity to do the spectacular without first weighing the cost.

Do not forget that it is as important to attempt to foresee and measure any ultimate harm in a project as it is to ascertain what may be its immediate benefits. If your publicity in connection with a demonstration clinic leads the people to believe that only the great specialist is capable, you have undermined the confidence of the people in their family physicians. Such procedure can only result in disaster. You have no substitute for the family physician, nor has any yet been found. They may make errors in judgment, as who does not. But I venture to say that their errors are fewer in number than any other class of people who have to deal with equally complex problems under equal handicaps. It is your opportunity to help them in their work and you may be sure that your aid will not be forgotten.

Again, the family physician is the most valuable asset for the health of the rural district. Many of these make but a precarious living as their estates will show. They stand ready to do in the name of charity almost unlimited work. You must not be the one to ask them to give charity to the undeserving. I appreciate that it is hard to define the indigent, but remember that many seek that classification for medical and surgical work who would abhor the thought of seeking fuel, light, clothing or any other necessity of life on a like basis. Remember that it is an altogether common tendency these days to mortgage the future to secure present luxuries on installments. You will accomplish no good end result if you pauperize the people you serve. The doctor who gives charity service at your request and then finds that the family is buying a new sedan on the installment plan so that they can go to California this summer, is apt to resent it—and I cite an actual case.

Stay Within Bounds

It goes almost without saying that the public health nurse must exercise care not to overstep the bounds of basic relationship between physician and nurse, and yet it is in this field that I find opportunity for additional, and my last, constructive criticisms.

A physician is caring for a young girl and as part of the treatment orders her to refrain from strenuous exercise for a period. The next week the school nurse advised the

family that the girl was physically fit for gym work. Surely that was unwise.

A county nurse advised the children of a certain family to go to Dr. Jones and have their eyes refracted and their tonsils removed. Should she have not recommended that they go to the physician of their choice?

We find not infrequent instances where the nurse makes a positive diagnosis. Use care in this particular for if the physician finds some other cause than the one you indicated, the patient has lost faith in either the nurse or the physician and sometimes both.

It is going far afield to advise a patient to change physicians, and yet that has occurred.

A patient is sent to a general hospital. Certain after care is indicated and the family physician suggests that the patient be brought in once every two weeks. In this instance the county nurse told the family that was not necessary. She would drop in and see the patient.

Play no favorites among the profession in the communities you serve. It has several times been brought to our attention that the nurse favored those who were kind to her by making direct references and in two instances used printed blanks furnished her for that purpose.

Will the Medical Profession Coöperate

It is sometimes said that the profession fails to appreciate what needs to be done and will not coöperate. When you have this feeling, stop to remember that the medical profession has been exploited time and again and if they are a bit conservative, remember that such conservatism is based on some very sad experiences. As the best instance that the profession will do their part, may I cite an incident that came to my attention six months ago.

Here is a county with a county medical society that has long been more or less inactive. There are 36 physicians in the county and the new county nurse was told by two city nurses that whatever she did in that county would have to be done in spite of the physicians and not with their coöperation. This county nurse, however, had a deeper understanding. She saw the president of the county medical society. She secured an advisory committee and she *used* that committee. In four months she wanted to have an examination of preschool age children. She secured the approval of her advisory committee and they secured the approval of the county medical society. With that accomplished she then saw each physician and as a result each of the 36 physicians in that county gave half a day in some neighboring town, ten or twenty miles away, to conducting a free examination of preschool age children. The defects found cannot be listed here but in each case the child's parents were given a card indicating what had been found and suggesting that the family physician correct the situation before school opened. A check-up indicated that the work had very largely been done.

Does this show that securing coöperation of the profession is worth while? How else might similar work have been done in such a satisfactory way? I grant you that it took six months to do it *the first time* but it will not take two weeks to do in the future. That nurse has built a permanent structure; how tempting it must have been to build a temporary one!

So I would leave you with the thought that you are part of a team. The physician is your teammate and friend. You both have identical objectives. Work as a team and you will attain them.

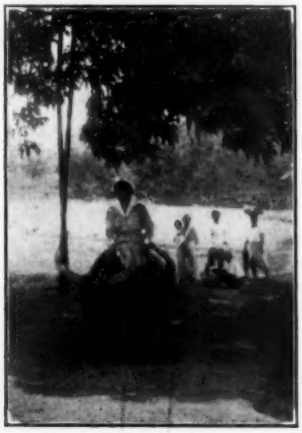
A contest is on! The Indiana State nurses, the Detroit city staff nurses, the San Francisco Visiting Nurse Association staff and the Red Cross rural nurses are competing against each other for the best prize winning Christmas story to be published in the December number of The Public Health Nurse. On which group are you placing your bet?

By Air, Land and Water

This is the second in our series of pictures on transportation for public health nurses

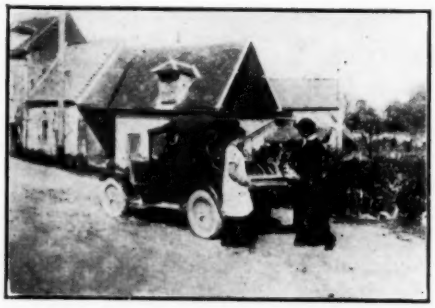
A saddle horse is a part of the nurse-midwife's equipment in the Kentucky mountains

A Latvian steed



By water buffalo in the Philippines

Nurse and small patient on the sunny roads of England



A converted ambulance—France

A Canadian nurse arriving by ox-drawn sleigh at a Red Cross outpost

Starting by aeroplane, Northern Ontario

A public health nurse in Alaska wading ashore from her boat

In Sweden a pony is a sturdy servant of the public health nurse

"The Infantiles"

Orthopedic Nursing in the Homes

By Jessie L. Stevenson, R.N.
Supervisor, Visiting Nurse Association, Chicago, Illinois

IN January, 1927, one of the substations of the Visiting Nurse Association received a report that there was a neglected crippled child in one of the outlying districts of the city. When the visiting nurse called upon the family, she discovered Jennie, a child of nine, crawling about the floor. Both hips and knees were contracted in the bent position and she had deformities of both feet. She had had infantile paralysis at the age of two and had been under every sort of treatment but the right kind.

Arrangements were made for her to go to an orthopedic clinic and she was transported in the car provided by the Visiting Nurse Association. A few months later Jennie was admitted to the hospital, where she remained for nine months. During this time extensive operations were performed. Upon her dismissal from the hospital she was again referred to the Visiting Nurse Association with the orders: "Massage and muscle exercises. Teach patient to walk with braces and crutches." The child responded readily and was soon walking everywhere. The following September she was referred to a special school for crippled children. By Christmas time she had progressed from first to third grade and a happier child it would have been hard to find.

This story is told not as an example of good work but as an illustration of what happens when orthopedic care is not given promptly. Nine months of pain and discomfort and needless hospital expense might have been avoided.

In communities where there has been no organized plan for the care of cripples, the major part of the work in the beginning must be physical rehabilitation of the cripple. Pictures of children before and after treatment make striking publicity in appealing for interest and support. Salvaging cripples should continue as long as there are cases of neglect but the public should not be allowed to forget that our ultimate goal is prevention.

When the Visiting Nurse Association of Chicago began its home follow-up of infantile paralysis patients in 1916, the majority of the patients were like Jennie. After twelve years of intensive effort, such instances are now so rare as to excite special comment.

PROMPT ATTENTION

Clara was a child just as badly paralyzed as Jennie. She was referred to us for care immediately after the onset of her illness in August, 1925. Both legs and abdominal muscles were paralyzed. Her father was a semi-invalid and the mother supported the family by working in a candy store. Clara was transported to clinic in the Visiting Nurse Association car. Orders were given for wire splints to support the feet at right angles, salt baths and light massage as soon as the soreness had disappeared.

The nurse, with the help of the father, made the splints of basement screening, re-enforced by an aluminum foot-piece. A canvas hammock was made for the tub. For several months visits were made three times a week and the family was taught to give the treatment on other days. Careful attention was paid to position. The child was not allowed to sit because of weak abdominal muscles and a tendency to hip flexion contractures. A piece of beaver board under the mattress prevented the bed from sagging and faulty position of the back was avoided. Later on when a wheel chair was permitted, an adjustable one was

secured. Care was taken not to let the legs roll outward from the hips. When the knees tended to become tight in the straight position, the patient was permitted to flex them a little each day.

After six weeks, massage and exercises were begun. Muscle power improved slowly but steadily. At the end of the year braces were ordered and purchased through the Visiting Nurse Association Loan Fund. The accompanying picture shows Clara walking with braces and crutches. This is not an illustration of striking results. I have chosen it simply because it shows what may be accomplished for even a severely paralyzed child with good care and home coöperation.

What is the responsibility of a Visiting Nurse Association in the care and prevention of cripples? What methods are most effective?

The methods used in Chicago can best be described by an outline of the organization and development of the work.

ORGANIZATION OF THE WORK

The Committee on After-Care and Study of Infantile Paralysis of the Visiting Nurse Association of Chicago was organized in 1916. This advisory committee consisted of members of the Board of Directors of the Association, leading orthopedic surgeons and epidemiologists, and others interested in some phase of work for cripples. Membership in the committee has grown as our horizon of the broadening needs of the handicapped has widened. The advice of this committee—particularly the Medical Sub-Committee—has been constantly sought and has been invaluable in developing the work.

Late in the fall of 1916 a visiting nurse was assigned to the follow up of children who had had poliomyelitis. A brief survey of patients dismissed from the contagious hospitals revealed that many of them were at home developing deformities and were under no orthopedic care. Upon the advice of the Medical Sub-Committee, the city was divided into districts, north, west and south, and clinic patients were referred to the orthopedic clinic nearest their homes.

In 1917 an automobile was given to the Association for transportation of

Clara

crippled children. Since that time the Visiting Nurse Association has had the use of a car and a driver for transportation of crippled children to clinic and bracemaker. By the end of 1917, 10 nurses had been assigned to work with infantile paralysis patients.

TRAINING OF THE STAFF

This really requires an entire paper. Briefly, from the beginning the orthopedic work of the Visiting Nurse Association has been carried by a specialized staff. It was soon realized that nurses must be equipped with special training to do the work adequately. In 1917 the Association was most fortunate in securing as part-time instructor Miss Alice L. Plastridge, a graduate of the New Haven Normal School of Gymnastics and for two years one of the physiotherapy workers in the office of the late Dr. Robert W. Lovett.

For the first few years the field was so new that progress was often by the trial and error method. A new and difficult technique had to be mastered

and applied in district homes. It is one thing to give muscle re-education in a well equipped office or gymnasium. It is quite another to adapt it to all sorts of homes and conditions. Care of cripples in their homes must include orthopedic nursing as well as physiotherapy, and the ability to teach it to parents and patients.

At first it was necessary to assign nurses to the work after a few days of observation. The nurses were given lists of exercises for the patients, which they tried to give. They learned *why* afterwards. They had classes twice a week covering anatomy, massage, muscle training, posture and scoliosis. The work was so new, difficult and discouraging that it was hard to persuade nurses to stay in it long enough to learn it. Changes on the staff came with startling rapidity. Then came a more stable period. From 1922 to 1925 there were few changes. This really was a godsend for it enabled us to plan and organize the teaching work so that nurses could be trained more quickly and thoroughly. The plan in present use has been evolved from 1925 to 1929 and is still under modification. During this time 21 nurses have been given special instruction.

A complete discussion of the methods used cannot be presented in so short a space; only the general plan will be given. All nurses are assigned to the orthopedic division from the general staff, after preferably a year of experience. A background of public health nursing makes a much better "Infantile" nurse.

PROGRAM OF INSTRUCTION

When the nurse enters the orthopedic division, she is given from a month to six weeks of intensive class work, observation and practice. The practice work is secured under the direction of the visiting nurses in the special schools for crippled children. Afternoons and Saturday mornings are devoted to class work, observation in clinics and hospitals and with other nurses in the districts. During the six weeks period the amount of class work covered is:

- Massage—4 to 6 periods of two hours each
- Anatomy—6 periods of two hours each
- Special lectures and demonstrations:
  - Movements of joints — 2 one-hour periods
  - After-care of polio with emphasis on prevention of deformities—3 two-hour periods
  - Spastic paralysis—1 two-hour period
  - Splints and apparatus — 1 two-hour period
  - Birth palsy—one hour
  - Fractures—one hour
  - Records—two hours

Muscle training is taught in connection with the anatomy. Classes are held in the sub-station, where a skeleton and muscle charts are provided.

At the end of this preliminary period, the nurse is assigned to a district under close guidance of the supervisor and relief nurse. Each district has an exercise notebook in which treatment for each patient is recorded. Difficult cases or special problem cases are carried temporarily by the relief nurse. Class work continues once a week. By the end of the year, in addition to the work covered in the preliminary period, courses in anatomy, muscle training and scoliosis have been completed. From 4 to 6 lectures on orthopedic and related subjects are given each year for the entire staff by some of our well known surgeons. A demonstration on dissection is planned once a year. This is given in one of our medical colleges.

The planning of the schedule of the field work, teaching of anatomy and elementary orthopedic lectures and demonstrations are given by the supervisor. Classes in massage, muscle training and scoliosis are given by Miss Plastridge. Advanced class-work after the first year is also given by Miss Plastridge.

GROWTH OF THE SERVICE

The staff has grown from a beginning of two to twenty-one plus the supervisor and the instructor. There are 18 districts reporting at three sub-stations. Fourteen of the districts do

full or part time work in the homes. Three nurses spend full time in three of the special schools for crippled children, where they give treatments to children who have been under the care of the visiting nurses prior to their entrance to school. Another nurse spends two mornings a week in a school which has three rooms for crippled children. One nurse spends four days a week with posture classes in three of the high schools. Pupils in need of corrective gymnastics who are unable to take regular gymnastic work are assigned to her. Two nurses do half-time physiotherapy work at two of the hospitals. This work is paid for by the institutions. Since 1924, an extra nurse has been assigned to the Spalding School for Crippled Children for full time work with cardiac children.

Each of the three sub-stations has a relief nurse. She makes calls in the heavier districts, helps the new nurses plan their work and discusses problems with the nurses in the absence of the supervisor.

Scholarships—Several of the nurses have been awarded scholarships for the summer course in physiotherapy given at Harvard Medical School. Six of the nurses now on the staff have had this course and two more are to have it this summer. Nurses who have had a year's work in "Infantile" get more from the course.

EFFECT OF ORTHOPEDIC PROGRAM ON THE STAFF

The closest spirit of coöperation and understanding exists between the nurses on the general staff and the orthopedic nurses. Nurses in the general districts are becoming more and more keen to recognize potential orthopedic defects. The orthopedic supervisor or relief nurse is frequently consulted for advice about the posture of these patients. If the patient needs frequent general care, the general nurse is taught to give the treatment. If he needs orthopedic care only, he is transferred to the nurses in that division. One hundred and twelve patients were transferred from the general districts in 1928. Duplication of effort is avoided. For example, the orthopedic nurse does minor dressings for her patients.

A recent plan will help us to share this specialized knowledge still further. Three nurses from the general staff will be given six weeks preliminary course in the orthopedic work in two groups a year. If there are no vacancies in the orthopedic division, they will return to the general work. This will provide a reserve group who may be called on in emergencies.

TYPES OF CASES

The work began with care of infantile paralysis patients but has expanded to include any orthopedic condition which may be benefited by massage, exercises or instruction about posture. Of the 1,400 patients carried in April only a little over 500 were poliomyelitis. Other diagnoses were cerebral palsy, birth palsy, scoliosis, congenital deformities, cardiacs, arthritis, fractures and a miscellaneous or unclassified list of 225 patients which included 40 different diagnoses. One of our latest experiments is to give massage and exercises to harelip post-operative children under the direction of one of our leading oral surgeons. Although the greater per cent of our work is with children, we have an increasing number of adults. During 1928, 34,278 visits and 18,132 school and hospital treatments were given to 1,848 patients.

COST

The cost of the orthopedic work during 1928 was approximately $53,000. The work is supported by endowment and private subscription. Although the cost per visit is a little higher than in our general work, the same fee is charged—$1.00 per visit for those who can afford to pay it. The fee is graded according to the circumstances of the family. A large part of the work is free or part-pay.

The care of a crippled child is a heavy financial drain on even families of moderate means. The fact that

many families are paying on brace loans makes it hard for them to pay service money regularly.

SPECIAL PROVISIONS

The Brace Loan Fund which has already been mentioned makes it unnecessary for any child to be without a brace because of financial reasons. Families are cleared through the Social Service Exchange before brace loans are granted or braces given.

Wheel chairs are loaned when needed. Six cars are driven in the districts on full-time Visiting Nurse Association allowance and one on part-time allowance.

An account of the work in the orthopedic division of the Visiting Nurse Association of Chicago would not be complete without some mention of the annual Christmas parties. Two are held each year, one for north side children and mothers and one for the south side. Between three and six hundred children and mothers attend these parties and they are now an established tradition which Committee, nurses and patients would be loath to give up.

BAG EQUIPMENT FOR RURAL NURSING

In the bag carried by the nurses of the Marion County Child Health Demonstration in Oregon, certain modifications have been made to meet local needs encountered in a rural service.

The standard public health nursing bag with white washable lining is used. The bag is equipped as follows:

In a muslin instrument case are the following instruments:

1 hemostat
1 pair forceps
1 pair bandage scissors
1 medicine dropper
1 glass catheter
1 glass douche tip
1 glass connecting tube
6 tongue blades
6 wooden applicators

A muslin bag, 7" by 6", holds:
1 granite funnel, 4½" diameter
1 adult rectal tube
1 child's rectal tube
1 rubber catheter (14 Fr.)

A muslin bag, 7" by 6", holds:
Supply of non-sterile cotton
3 roller bandages (2 2-inch and 1 1-inch)

The clinical thermometers are kept in ¼" test tubes, half filled with alcohol. The thermometers are fitted into corks in the tubes and each tube carefully labeled: *Rectal, Mouth.*

1 pair of non-sterile rubber gloves wrapped in a paper napkin.
2 c.c. Luer Hypodermic syringe, 2 needles.
1 granite instrument box, 9" by 3", and cover.
1 Gillette razor, 2 blades.
2 microscopic slides for taking smears.
1 small roll adhesive tape.
6 paper towels.
4 large paper bags, Birch No. 25.
1 bar castile soap in container.
1 doz. assorted safety pins.
In a rubber case:
1 hand brush 1 nail file 1 orange wood stick
Screw-top bottles:
Green soap
Boric acid crystals
Alcohol
Olive oil
Mercurochrome
1 tube of vaseline
1 nurse's apron

The nursing records are carried in a black oilcloth envelope, but because of the necessity for carrying a large supply in a rural area, it has been found wise to carry records outside of the bag.

GERTRUDE BREYEN

The Story of a Rural Service

By Nellie Ogilvie
Superintendent, Visiting Nurse Association of Somerset Hills, Bernardsville, N. J.

THE Visiting Nurse Association of Somerset Hills, New Jersey, was organized in 1905 as "The Visiting Nurse Association of Bernardsville" to provide one or more trained nurses for district nursing in the Township of Bernards and vicinity, and to teach the proper care of the sick.

Early History

For six months the work was carried on under the Episcopal Church, and then was organized as a separate unit. The territory covered was about ten square miles, most of the calls being confined to the village and nearby farms and estates. A horse and buggy served as means of transportation for the nurse. Support came entirely from private subscriptions and the budget was $1,400. No funds were solicited from the villagers but were raised among the estate owners.

An early report reads:

> From December, 1906, to June, 1907, the nurse was called for 110 cases, and the average number of visits was five per day, the travel distance sometimes as much as fifteen to twenty miles per day.

In 1910 the first sub-committee was formed for the purpose of stimulating interest and soliciting local community funds for support. The sub-committees now number six and the chairman of each is a member of the Executive Committee. As outlying districts became a part of the association they took considerable responsibility for supporting the nurse in their district although none has ever been able to entirely support the work in its own individual communities.

The nurses started a school nursing program in most of the 24 schools under seven or eight different boards of education, and some child hygiene work was done. Each nurse lived in her own district. A supervising nurse was employed for several years but until 1923 no executive director had been employed.

Centralization

It became apparent that the five nurses employed could accomplish more working from the central office instead of being isolated in their own districts. It also became increasingly difficult to secure nurses who would live in the villages of their districts and be subject to calls at any time. Since centralization, the work in all districts has been stimulated to a far greater extent than in the remaining district where the nurse is still a resident.

Present Status

Today there are five nurses and an executive director giving a generalized service in an area of over twenty miles square with indefinite boundaries on some sides, a full time school nurse for a certain group of schools, weekly child hygiene weighings and conferences in five centers, the use of nearby orthopedic, eye, ear, nose and throat, prenatal and dental clinics, all of which have been stimulated in growth through the Association's work. In the past seven or eight months from fifteen to twenty children have been examined at the state psychological clinics and several mental hygiene cases examined and treatment recommended.

Services Available

Few rural areas of such small population have the advantages of such a complete visiting nurse service. The largest town is not over 2,000 population and much farm area is included. The entire population is not more than 12,000.

The school nursing service cares for about 2,000 children. Home supervision is given and vision testing will be done next year for preschool children.

Home nursing classes are conducted by the nurses and director, some of them under the Red Cross and one school gives the course to its eighth grade girl students.

A neighboring social service bureau cares for the family rehabilitation and relief work in the part of the district falling within its county but in the major part of the district the supervision of much of this work falls to the lot of the nurses. The assignment of this work to a specialized agency remains a problem for future solution by all agencies concerned.

Clinic rooms formerly used for tonsil and adenoid operations are now busy almost hourly with alpine lamp treatments, baby weighing, Red Cross classes and toxin antitoxin clinics, etc. These results are due to better roads, and larger and nearer hospitals. Our service changes to meet the needs of our people.

Support of the Work

The support of the work from the various districts remains somewhat "spotty," but the women of the executive board have, through a period of seven years, developed to a high degree of perfection a novel project in which all of the subcommittees and people of the various districts participate. The Far Hills Fair is an annual September event and includes all of the best features of a county fair with the undesirable ones eliminated. For 8 years this event, run by the women of the board, with a paid manager for the Fair, has netted from $4,000 to $20,000 per year, the average mean being $10,000.

The fees for visits, including contract services such as the Metropolitan Life Insurance Company, amount to about $4,000, and each sub-committee conducts an annual canvass for yearly membership fees of one dollar and over. Annual subscriptions of larger amounts and contributions from boards of education, townships, and boroughs make up the remaining needs.

Problems

To the executive director this rural field offers considerable stimulation. Development of policies, organization, and administration are complicated by various types of communities, by various municipal and county divisions, and by other conditions incident to past prejudices and future hopes. It is one thing to have coöperating agencies as facilities with which to work, another to actively engage in encouraging the building up of those facilities and be rewarded by the ultimate results accomplished together.

A visible name record system, which has made possible more statistical guidance because of quickness of work, and is now being perfected to meet the needs of these communities, has been employed for four years. Clerical assistants are not easily found nor provided for in budgets of rural organizations. Temporarily a simplified system, yet one complete enough to meet most desires, has been employed.

Illness of staff nurses has for over five years been practically *nil*, the greatest number of days for any one year being seven. This has made possible an unusually steady and uninterrupted service. We allow a half day a week and one long day a month with a full month's vacation annually. We are proud of our health record and what it enables us to do, and hope to maintain it. Each nurse averages four nursing visits per day. Our nurses alternate for night calls and Sunday service, one nurse being on call one week at a time, except for an afternoon and evening.

We average about 100 deliveries a year, 300 child hygiene visits a month, and time equivalent to over 1,000 visits spent in corrective work annually. The work now requires a budget of $26,000. Transportation becomes one of the major features of this budget with six autos to keep on the road. At the present time the organization faces the need of an additional nurse or further centralization, or both. There also remains much to be done for the development of service in prenatal, child hygiene, and mental hygiene work.

Public Health Work in Shanghai and Woosung

By Eleanor Ying
Chinese Red Cross, Shanghai, China

IT gives me great pleasure to tell you of the Chinese Organization for Public Health Nursing in Shanghai and Woosung which was started about three months ago. The visiting nurses in China are very few, though there are many nurses who have taken a course abroad or in China. In Peking is a good organization, but in many other places public health nursing has not been heard of yet.

I went back to Shanghai last October and in November went to the Public Health Center in Woosung. I have been appointed as a public health nurse for two places, Shanghai and Woosung. I work three days a week in each place. You know from this that I have no time to spare!

Woosung is a little town, about 30,000 population, which is connected with Shanghai. It was a very dirty place and full of very poor people, but it is good for us to work for them. To go from Shanghai to Woosung takes about one and a half hours, but we think it is very convenient. I have had three nurses to help me there.

Our work in Woosung is divided, half of the day for clinic, half for home visiting. It was very difficult at first for us to get into the homes as the people always think we are very unfortunate people who may carry the sick germ to them! So the first thing we have done is to make friends with them and let them know that we are coming to help them and to make them healthy and happy. We usually get good results. At the beginning we only had a few cases coming to the clinic, but now there are more than 60 cases a day. We also have a few babies, mothers, and prenatal cases. We will have to hold special clinics very soon.

We have already started the school hygiene with four schools. We have school examinations about twice a year, and for the underweight cases about once a month. We have to give lectures on school hygiene as well.

Mothers and a Father at Baby Clinic

Industrial nursing started in Shanghai a few years ago, but not in Woosung, and I send a nurse to one cotton mill, which is the biggest factory, about 3,000 workers. Our nurses do inside and outside work, home hygiene and home visiting and clinic work as well. The factory does not pay us a single cent, but we just want them to recognize how important our work is. We feel satisfied that they do appreciate our work and we hope they will pay us very soon.

During these few months we have vaccinated about 2,000 people. In November we made 515 home visits; in December, 493.

In Shanghai I give lectures on public health and hygiene. Besides that I have to do the visiting work. I follow up our own patients who are discharged from the hospitals and see that they obey the doctor's orders, and instruct them in home hygiene. This is work among our own patients out of the hospital. We work from Monday to Saturday eight hours a day, but on Sunday we are off all day.

A Balanced Ration for the Aged

By Thurman B. Rice, M.D.
Associate Professor of Public Health, Indiana University School of Medicine

Sixth in the series on Special Diets. Previous articles are: "Cereals—Main Stay of a Good Diet" by Williedell Schawe—November, 1928; "The Diet of Cardiac Patients" by Louise O. Canham—December, 1928; "The Diet of Diabetic Patients" by Kathleen M. Lewis—January, 1929; "The Mineral Requirements of the Body" by Martha Koehne—March, 1929; "Fruits in the Diet" by Margaret S. Chaney—May, 1929.

THE fact that a given person has lived to the age of sixty-five or seventy is the best proof either that he had by nature a sound constitution, or else has stayed pretty close to hygienic living. He hasn't been guilty of a great many dietary transgressions of really serious import. After all, entirely aside from the subject matter of this article, the proof of the pudding is the eating thereof.

Furthermore, I suppose, there is comparatively little reason for an article on this subject because folks are not growing old these days—at least they won't admit it if they are. My father has told me that he could not remember his mother when she was not called "Old Aunt Rhoda," and yet he could certainly remember her when she was not more than thirty-eight years old. In these later days many a woman in her sixties swings a wicked golf club, and dresses and acts like a young thing of thirty. Are we to suppose that she is going to eat like an old lady in a lace cap and house slippers? Well, scarcely! She would rather live while she lives though she may possibly see a few less birthdays by so doing. But on that point I am by no means convinced that she really will see a few less birthdays.

The trouble with so much of our present day health teaching is that it is tending to spoil the very thing that it claims to preserve. It is making us afraid to live for fear we will die. It is making us afraid *not* to take an afternoon off when as a matter of plain common sense we should be taking the afternoon off because we want to, and because we have worked hard and deserve a little fun.

We are playing a few rounds of golf a week because we are afraid *not* to do so, or because we want to lose something—a few pounds of fat, for example. Now this attitude is all wrong. It is putting the means before the end.

This matter of old age is one for philosophers to speculate over anyway. There is little reason for the mere prolongation of life except that the medical and the nursing professions have that traditional function. The thing that is worth while is that we may pack into our few score of years the most happiness, and service. The color and texture of a beautiful piece of goods is remembered long after the length is forgotten. We are putting emphasis upon the quantity of life, when really the significant thing is the quality. A burdensome childhood may be endured for the sake of the future, but there is no compensation for burdensome old age.

This introduction is necessary it seems to me to the proper perspective in this matter of the diet of the aged. Our purpose here is not to tell old people how they shall eat in order that they may live to be a hundred years old. It is to help them to avoid growing old prematurely, and to enable them to be able to enjoy themselves to the fullest capacity for such time as they do live. From a nursing standpoint our purpose is a furtherance of the general understanding of this much neglected matter—the care of the aged. The nurse should be well informed in the principles of dietetics as they per-

tain to this special group of patients—a group that is yearly growing larger.

LESS FOOD

The old person does not need as much food as does the young. He is no longer growing, and is usually far less active than in his youth. An amount of food that would be proper for the man in active adult life would put a considerable strain upon the digestive and excretory systems of the aged. All of the body functions are slowing down and the various organs are undergoing at least some degree of atrophy. Mental activity is much less and the driving urge of ambition has abated. Fortunate indeed is the old person who can so adjust himself to these changes that he can forego with no great sense of loss the delights of the well stocked table, the lures of sexual life, and the demands of active participation in strenuous business competition.

Fortunate, indeed, is the aged person who can view his declining powers with equanimity, willing enough to trade the flame of youth for the mellow glow of embers. Such a person can appreciate the need of caution; he will not be inclined to indulge in foolish practises in order to show to his friends that he is still as young as he used to be; he will accept the inevitable with sense, and may find the evening of his life most enjoyable both for himself and his associates.

DIGESTIBILITY

First to be considered in a discussion of menus for old people is the matter of digestibility. The powers of the aged are much like those of the infant in this respect. Well cooked foods are usually safer than those that are raw, and are indeed partly digested by the cooking. The strength and amount of the gastric juice is usually decreased and may need to be increased by taking of hydrochloric acid—this, however, should only be prescribed by a physician. Sour milk products as cultured buttermilk or acidophilus milk are frequently better digested than sweet milk. Lactic acid milk such as is given babies is excellent but is usually not liked by persons who have for a lifetime regarded the characteristic odor and taste as being that of spoiled milk. Orange juice can be used in the same way as the lactic acid with very pleasant results—add the juice of an orange to cold milk, stirring constantly until the mixture is just beginning to curdle, and then add a teaspoonful of corn syrup to a glass of the milk. Even very feeble digestions can take this preparation.

Vegetables are splendid for old folks that can tolerate them but they should be well cooked. The undigestible residue helps the bowels to function without the use of cathartics which are, as is well known, particularly irritating to the aged. The experience of a lifetime will usually suffice to warn against vegetables that are not well tolerated. We may choose to urge the child to eat spinach and carrots, but here the case is entirely different. When feeding elderly folks we may only make these foods available, possibly urging that emphasis be put upon such articles as are recognized as being particularly good, and hinting that less meat and other irritating foods be taken. The same rule applies to fruit. If the fruit tends to cause a looseness of the bowels or is giving pain because of its acidity the variety must be changed, the amount diminished, or other precautions taken. Vegetables and fruit tend to prevent the intestinal putrefaction that is not uncommonly observed in the aged, but they tend to cause fermentation which must be avoided. No rigid rules can be laid down. It is a matter of studying the individual and his peculiar needs and response to diet.

Not infrequently the poor digestion of the old person is a direct result of imperfect mastication due to loss of most of the teeth. Those that remain are often not matched, are loose and sore, or otherwise inefficient. Pus from apical abscesses, cavities, or diseased gums may be absorbed or swallowed. Appetite is poor because of lack of exercise. The mucous mem-

branes of the stomach and the intestine are atrophic and do not secrete the various digestive juices as they should. Rather frequently the circulation of the digestive apparatus is poor due to the fact that the hepatic circulation, through which the blood must pass in going from the stomach and intestine to the heart, is poor as a result of liver pathology. If the heart is weak it is particularly liable to express its inadequacy in congestion of the abdominal viscera—bad digestion and improper alimentation result. All of these things must be taken into consideration in choosing the diet to the extent that they are known or supposed to exist.

EXCRETION

Even more important for the majority of elderly folks is the matter of excretion. Not only must the food be digested, but the wastes must be eliminated or there is soon serious trouble. Nephritis of some grade is nearly a constant characteristic of those who have lived long upon the earth. Fortunately the protein needs of the elderly are quite light. The attempt should be made to get along with a minimum of meat, and other foods that are commonly considered to present some difficulty for the kidneys. Coffee is a great solace for a large percentage of the old people and should not be taken from them unless there is definite evidence that it is injurious Tea when properly made is probably less irritating as a rule, though due allowance must be made for individuality. Extracts, highly seasoned foods, meat broths and foods that leave an acid residue are to be avoided if possible.

Milk, provided it can be digested, will serve particularly well in furnishing the small amount of protein that is needed. It puts very little strain upon the kidneys. Water in abundance should be taken provided there is no contra-indication in the form of faulty heart action.

Examination of the urine at not too infrequent intervals is of paramount importance. The diet will be in a considerable measure determined by the findings. Some help for the kidneys may be expected from the activity of the skin and the bowel, both of which should be encouraged to normal activity.

The condition of the arteries is watched with interest. Blood-pressure determinations are made and eye grounds are examined with much profit. High blood pressure is commonly regarded as a disease whereas it is actually but a symptom. Nevertheless it is a symptom of importance and should call for expert medical attention. Diet is of primary importance in this condition. We remember vividly a dear old lady who was much concerned about the possibility of "high blood pressure" and asked us what she should eat to prevent it. "Milk, vegetables, fruit, and abundance of water if they agree with you, avoiding if possible, meat, meat soups, etc.," she was advised. "Oh, doctor, you have it just turned around haven't you?" "No, I am sure that is right." "But," said she, "it is the lime in the food that hardens the arteries and the foods you have told me to eat are every one rich in lime and the ones you told me not to eat are nearly free of it."

As a matter of fact she was right in her statement concerning the lime content of the various foods, but she was all wrong about the rôle of lime in causing arterial change. The deposition of lime in the arteries is the result rather than the cause of the real pathology. Lime is not deposited in the arteries until after they are injured, and it has nothing at all to do with the injury. The foods that were mentioned as favorable are those that produce little or no irritating wastes which injure the vessels as they circulate through them. Those that are mentioned as being possibly injurious leave irritating residues which are best avoided. There are certainly many other factors besides diet in the causation of arterial injury, but diet must be considered as of consequence in a

considerable number of cases, either because too much is eaten, or the wrong proportions are taken. The error of reasoning into which this old lady had fallen illustrates vividly the fact that an apparently simple relation may be misunderstood when the underlying facts are not well in hand.

Heart disease kills more old people than any other cause. Indeed one rarely sees a really old person with a sound heart. This is most unfortunate because so many of the directions which we have just given are contra-indicated when there is embarrassment of the circulation. Drinking "lots of water," and eating such bulky goods as milk, vegetables and fruit are often all wrong when the heart is weak. It is hard to protect the kidneys, arteries and bowels when the heart is weak, and there is all the more reason why it should be done in such cases. Concentrated foods are indicated, but had best be prescribed by the physician.

NOT THEORY BUT PRACTICE

Those who have the responsibility of caring for old folks should remember that the theoretically correct diet may not work out in practise. It is hard to teach an old dog new tricks, and even harder to change radically the diet of an old man or woman. Coffee keeps most of us awake when we drink it late in the evening, but many an old person who has habituated himself to it cannot settle down at night until he has had his coffee, and that is that. The modern science of dietetics has been developed since these good old people were at their best and they cannot be expected to be too much impressed by the array of figures and principles that are not always entirely convincing even to others of us who have had a much better opportunity to study them. The old time dicta, the habits and appetites of a lifetime, and the well worn preferences are liable to be of more importance than the trim precision of the trained doctor or nurse. By this we do not mean that nothing may be suggested or changed, but we do insist that great diplomacy is needed. Men—particularly old men—do not live by bread alone.

The Bureau of Nursing, Department of Health in Syracuse, N. Y., has sent this further contribution to the discussion of tuberculosis case-finding (see the February and March numbers of THE PUBLIC HEALTH NURSE).

Tuberculosis cases referred by P. H. Nurses	1928		1927	
	No.	Per cent.	No.	Per cent.
Health Department	362	33	311	27
School	135	12	180	15
Others	9	..	19	..
Doctors	168	15	113	10
Dispensary	82	7	63	5
Social agencies	104	9	213	18
Friends and relatives	48	4	67	6
Of own accord	120	11	96	8
Former patients	59	5	18	1
Advertising	8	..	3	..
Not reporting	10	9	82	7

Public Health Nursing in Jugoslavia

By Nikica Bovolini
Instructor, School of Nursing, Belgrad, Jugoslavia

Editorial Note: Miss Bovolini, who is travelling on an educational observation tour on a Rockefeller fellowship, has been teaching the high school classes as well as supervising the district public health nursing work in Jugoslavia. On her return she is to devote more time to field supervision.

PUBLIC health work in Jugoslavia is entirely in the hands of the State Department of Public Health. The country is divided into thirty-three districts with a public health center established in each of them. The personnel of each of these centers works energetically, having as the objective the study and solution of the health problems peculiar to the particular district, and of spreading education on hygiene in general.

Since the nurses in the country number only about 269 in a population of twelve million, it is impossible to provide nursing service to cover the whole country. Dr. A. Stampar, of the Ministry of Public Health, our exceptionally capable organizer and director of the social hygiene work in Jugoslavia, has come to the logical conclusion that it is only the well trained nurse who, with her woman's instincts and true sisterly affection and understanding, is capable of approaching the women of our villages. She can study the defects of our national body and, with a tender but steady hand, remove them, and in their place cultivate healthy habits in our people.

Our chief has a great trust in his hands. He sends nurses out to isolated districts in Macedonia—where the work is demanding and pioneer in character—and other parts of the country as the heralds of a new hygienic life. In 1924 the members of the first graduating classes of the Schools of Nursing in Zagreb and Belgrad left their schools full of enthusiasm and high ideals, and following the flight of the young birds, they scattered to work far away from the cities, among people who had never heard anything about hygiene or nursing. Most of these workers are sent to localities where the need for them is most urgent. The success in these localities will serve as a stimulus to the people and as an encouragement to our nurses. This is perfectly well understood by the pioneers of public health in our country. They began their work full of enthusiasm and unbounded faith in their victory over the most formidable national foe, unhealthy habits and customs.

Every nurse has her health station and 10 to 12 villages in her charge. The doctor from the district health center comes for necessary advice and clinics, otherwise the nurse in charge has the whole responsibility. There is usually a car attached to each health center, or if the doctor uses the car, the nurse has a motorcycle, a horse, or "sanitary train." The work of these stations is not only to provide clinical services, including inoculation, control of contagious diseases and malaria, but also every nurse organizes mothers' meetings and instructs the young women in the subjects of proper combination and use of foodstuffs, domestic hygiene, and proper care of the child and the sick. With the men she leads discussions about the sanitary location and construction of their homes, lavatories, barns, the necessity of cleanliness and tidiness around the house, and the evil of improper use of women in heavy field work, especially women with young children.

In cases of acute infectious diseases, she may be able to make the diagnosis and take the necessary steps for effective isolation of the patient until the

doctor's arrival, or the removal of the patient to the nearest hospital.

Some of the nurses, in their enthusiasm to avail themselves of more opportunities of coming in closer contact with the people in order to spread the gospel of health, go out of their way and gather the village men and women in evening and Sunday classes to teach them reading and writing. These health stations have become centers of enlightenment in which the sacred duty of the nurse is to teach the ways of hygienic living.

In the public and secondary schools of Belgrad and Zagreb we already see the nurse's uniform through whom the Junior Red Cross is teaching hygiene, care of the child and sick, domestic hygiene, and about contagious diseases and their control. In this way we prepare our young women as helpers to the nursing profession, as good future mothers and wives, and many of them, we believe, will consecrate their lives to the nursing service of the country.

We also have an organization of our own. Its control is completely in nurses' hands. We hope very soon to start a nursing journal for our nursing association.

It is not difficult to work in Jugoslavia. Our chiefs are the most capable leaders in their fields, the people are anxious for education and progress. It is only necessary to have a will, an intelligent understanding of the work, and love for the ideal of our profession; the results for which we strive are sure to come. The Jugoslavian nurse, the youngest child of our international family, stands firmly on her own feet, and makes efficient use of the sixty years of experience of her elder and affectionate sisters in America and Great Britain.

—AND SO TO BED

From the 1928 annual report of the Toledo District Nurse Association we take this note from a nurse's diary—with her apologies to Samuel Pepys.

Up and to the office, well pleased in my mind, arriving early, wrote half hour on reports. So by car to Mrs. B., there to bathe her, the while discussing means to make a small wage cover all expenses, she being very sick at heart with worry. Did suggest she follow an outlined budget, and this did cheer her. Walked to Mr. F. to bathe and change the linen and brush his hair very fine, as the minister was to call. On a few blocks where Mrs. S. is ill with cerebrosclerosis this seven months, and memory faulty and in great distress as she could not remember "Invictus." Pleased I knew it, and a great thankfulness in my own heart she did not ask me anything "weightier." Then to Mrs. J. to care for her, and told her about the very fine new lights on Cherry Street, as she has been in bed fourteen months and had not heard of them. Then to Baby R. to care for his eyes and instruct his mother, and saw some very fine drawings of his small sister, and did suggest she go to free classes in Art Museum for training. On to Mrs. S. sick abed for six months with T. B. to care and instruct her and did see a great improvement, and told her what is in the store windows. So home and supper and weary to bed.

Your children are, in the great majority of cases, like clean sheets of ruled music paper and correctly tuned instruments. You, the parents, are the musicians. Whether you be creative or dull, whether the result be inspirational or jazz, it is you who will write and play the composition; it is you who will select the themes, and it is you who will put them together. You may know nothing but jazz, and then you can write and play only jazz; you may know only sentimental drivel, and then you will create tinkling melodies; or you may know the real meaning of music, and then you will write a real sonata or a real symphony.

—Dr. Leslie B. Hohman, Mental Hygiene Quarterly

Making Up High School Credits

VISITING NURSE ASSOCIATION, DETROIT, MICH.

WHEN the Detroit Visiting Nurse Association began to enforce the high school entrance requirement we had quite a few nurses who had to make up their work. This number has decreased—four of the nurses who had high school credits to work off have received their diplomas, and others are still in the process. We are able to hold our standard because the Cass Technical High School has established a course for students who wish to prepare themselves for entrance into schools of nursing. It is by this course that our staff nurses make up their high school work.

The procedure is as follows: The high school gives each nurse a form which she sends to the high school or preparatory school in which she did her work. This is then evaluated by the person in charge of the department and she outlines for the nurse what courses she needs to take to complete her work. As this is also the plan of the Department of Health of Detroit, it is possible to take groups of nurses who have the same deficiency and place them in the same class. For example, a group of nurses having various deficiencies in English are organized into a unit much like a rural school. Each nurse may go as fast as she can or as slowly as she wishes, depending upon her capacity. As the high school operates a four quarter plan, an industrious nurse can make up two years' work in one, or more if she is especially capable.

We follow the policy that nurses who are making up high school credits do not take the special college credit courses which are offered as a part of our continuous staff education plan. In the main, those making up high school credits do so through night school classes which meet from 7:00 P.M. to 10:00 P.M. twice a week. In a few instances, special permission has been given to take classes from three o'clock to six. The high school work is done on the nurse's own time, whereas association time is allowed for continuous staff education such as university and college courses in public health nursing, sociology, psychology, and mental hygiene. These classes usually meet once a week from three to five or four to six o'clock. In both the high school and college work the nurse pays her own tuition.

EMILIE G. SARGENT
Director

PROVIDENCE DISTRICT NURSING ASSOCIATION, PROVIDENCE, R. I.

An interesting educational experiment is being carried on in Providence, at the Commercial Evening High School under the auspices of the Board of Education.

The fact that a group of twenty-three nurses desired to obtain a certain number of high school credits, led the Director of the Providence District Nursing Association to consult the Principal of the Hope Street High School who is also Principal of the Providence Evening High Schools. Mr. Jaeger is intensely interested in the subject of adult education, and promised to start a course for the group if he could secure, as instructor, one of the best high school teachers in the city. He was successful in finding a teacher with a broad knowledge of literature, and familiar through research work in Europe with customs and governments in other countries.

This first year has proved such a satisfactory experiment that Miss Whitaker has been authorized to reconstruct the course for the coming

year. It will probably be lengthened to three years with opportunity for electives. The purpose will be to make each diploma issued represent at least the fifteen units required for college entrance.

During the past year the class has pursued three units, one based on social service, one on national service, and one on literature.

The method of procedure on any given evening is first a seminar of possibly thirty minutes, at which problems of common interest are discussed; contributions are made by individual pupils for the good of the whole. The instructor gives a talk to open up a new subject or a new lead into a subject already taken up. The group then breaks up for research work in the library, and the instructor holds individual conferences with the pupils. The class meets four evenings a week for two hours, from October 8th to April 25th. The attendance the past year has been remarkable, even during the stress of the influenza epidemic.

The project method of teaching is used entirely. The study includes the development, government, art, literature and the relationship of one country to the other. Preparation of the note books by the student provides lessons in English, composition, spelling and punctuation.

The project on planets is supplemented by a visit to the Ladd Observatory of Brown University, where opportunity is given to view the planets through the telescope. Lectures by outside speakers have been given on Palestine, Greece and Egypt.

Counted as one project with credit allowed, was the Institute Session of the Rhode Island League of Nursing Education, at which Dr. May Ayres Burgess and Dean Annie W. Goodrich lectured on the work of the Grading Committee, and in preparation for which Miss Whitaker herself studied the report of the Grading Committee by reading "Nurses, Patients and Pocketbooks."

There is no expense attached to the course for the students who live in Providence, and all note books, paper and supplies are furnished free. For the students who live out of the city in communities not maintaining an evening high school, tuition is paid by the respective community. Students who live in communities that do maintain evening high schools pay a tuition fee of $20.00 a year.

The only adjustment of work made by the Providence District Nursing Association in relation to the Committee was to plan the delivery assignment of those nurses taking the course in the months after the school had closed.

WINIFRED L. FITZPATRICK
Associate Director

BOARD OF EDUCATION, NEWARK, N. J.

In Newark, New Jersey, the Board of Education department of medical inspection is experimenting in making it possible for those school nurses employed by the Board of Education to continue with their secondary education.

Each member of the staff was asked to fill in a questionnaire, which gave an idea of the educational and professional background of the nurse. Each nurse stated whether she would like to continue her high school work and whether she would like to complete it. On the basis of the answers, the Superintendent of Schools, through the director of the Department of Health Education and Service, permitted the nursing staff to go to school on Saturday mornings and to provide teachers and text books. The classes were organized in October, 1928, and continued until June 8, 1929.

The subjects offered during the term were English I and II, English III and IV, American History and Modern European History—all secondary school courses. Next year a science course, probably Biology, will be offered and for those who have

taken the beginning course in English and History, the advanced course in each subject; for those who took the advanced English and History, a language course or economics. The teachers were very carefully chosen as a great deal of responsibility for the success of such a venture rested with them. The choice in both cases has turned out to be most gratifying. These men are principals of elementary schools here and are not only able teachers but are interested in adult learning and especially interested in this work with the nurses.

The State Department of Public Instruction of New Jersey will be willing to grant as much credit as possible for this work. The majority of the students are doing creditable work. There are about fifty-five in the classes this year. For those few for whom the extra study has seemed to be too strenuous, special arrangements have been made so that they may attend the classes without special preparation in order that they may gain whatever they can from them.

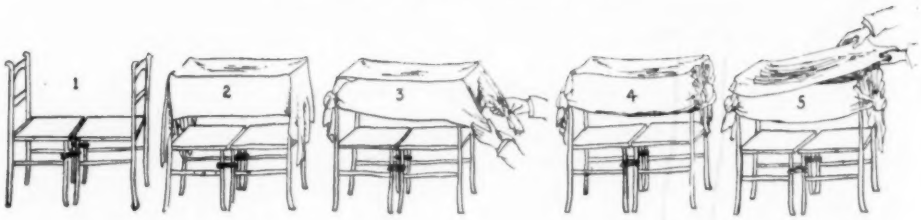
This opportunity is open not only to the school nurses of Newark, but to any and every nurse who is seriously interested in continuing with her high school education. If she is employed in the city of Newark, the courses are entirely free; if outside the city, a tuition of $30.00 is charged for all the courses for the term. This year there are two who paid tuition.

In the fall, all the superintendents of nurses of all the hospitals, the secretary of the New Jersey State Nurse Association, the Visiting Nurse Association and the Department of Health, were apprised of the fact that these courses were open to any and all members of their staffs. We have, therefore, several nurses from other organizations.

Though it probably will not be possible for a certain number of the present staff to complete high school and take a year's college work, there are quite a number who probably will do so. I think it is fair to say that already a marked change in attitude not only on the part of the staff members but on the part of the school teachers themselves, has been noted.

MARY B. HULSIZER
Instructor in School Hygiene

THE BABY'S BATH IN AUSTRIA



This design explains how to arrange when travelling for the bath of a little baby, wherever you can obtain two chairs and hot water. All the rest you carry with you in your bag. You will want a middle sized sheet wide enough and long enough to hang a few inches over the backs and sides of the chairs. Don't forget to take the string with you which is needed to tie the legs of the chairs after having put them in position as seen in figure 1. The sheet is spread over the back of both chairs and by pressing gently in the center you make a hollow (figure 2), after that the knots are tied securely (figures 3–4). Finally the rubber sheet is spread over the linen sheet, fitted in the hollow and may be fastened at its ends with pins or tapes to the lower sheet.

MARIANNE DANKO
Supervising Nurse of the National Health Department of Austria

Papworth Village Settlement

By Edith H. Smith, A.B., R.N.
League of Red Cross Societies

CAESAR'S legions, marching north along the Roman road that leads from London to York must have pitched their camps on an undulating, wooded plateau, swept by fresh winds, for ancient coins and a vase bearing the legions' numerals have been turned up with the earth of the fields. Later Cromwell, following in their footsteps, chose this site for his barracks, of which a few vestiges remain hidden in a hollow of the hills. A little stone church under old trees has records of its vicars since the year 1200.

But it is not the ghosts of marching men that check the history-seeking traveler crossing this country, en route, perhaps, to Cambridge, twelve miles distant, but a sunny, friendly, tree-lined village street, a mile and a half long, at the entrance to which, requesting him to respect its peace, is the sign "Papworth Village Settlement." And if he is wise he turns in on the right where a long drive between great trees and rolling lawns leads to a stately building, Papworth Hall, the headquarters of the Cambridgeshire Tuberculosis Colony.

The Laboratory—White swans float on the lily-padded pond

In 1914, Dr. Varrier-Jones, called from research work at Cambridge to assume the duties of Tuberculosis Officer, was faced with the problem of the tuberculous man who was either too advanced to be admitted into a sanatorium and a source of great danger in the home, or who, no longer needing strict sanatorium care, was yet a health problem, and moreover a social problem. With soldiers billetted in every house, and sanatoria overflowing, there was, indeed, no place for these men to go. His solution was a tiny shelter in the garden of a village

woman where his first patient was installed and thrived. The history of the present settlement is one of rapid growth, through intervening stages of a little cottage, housing nurse and housekeeper with ten shelters in the garden where the men when able helped with the building of furniture and chalets, to the present Papworth Hall and its surrounding model village, with its 700-odd patients and residents, its sanatorium, hostels, its thriving self-supporting industries and its 350 cultivated acres.

Nothing less like a sanatorium could be imagined, nothing more free from "institutionalism," nothing more normal in the necessarily abnormal life of a tuberculous individual. The great Papworth Hall in its historic setting of ancient oaks and rolling lawns serves both as headquarters for the administrative staff, doctors and matron, and as receiving ward and hospital for acute cases. From the rooms or balconies patients look out on moving tree tops and floating clouds, and ambulatory cases find library and billiard rooms for their diversion. White swans float on the water-lily pond before the Hall, and on its edge stands a little pavilion that houses the laboratory. Under the oaks the village players have presented "Twelfth Night," and an occasional troupe from Cambridge entertains the patients with an open-air performance.

Promoted for Good Health

From Papworth Hall, patients are "promoted" to the shelters, and if one follows a path across the lawn one reaches a large, sunny field, dotted with 80 tiny, one-room chalets, the sides and front of which can be lowered and where there is just space enough for bed, chest of drawers, table and chair. On a shingle over the door each inmate proclaims the name of his castle—"The Better 'Ole," "The Musical Villa," "The Tiger"—and he has covered the walls inside with gay pictures.

Men assigned to these chalets are closely supervised and allowed to try a little work. As a preliminary they are given a permit to wander through the shops to study the industries, and choose the one best suited to their abilities and preferences. After a probationary period they receive a small pay, and enjoy the salutary effect of occupation and the self-respect of contributing to their own support. If the slightest rise in temperature is noted they are put back to bed.

On the other side of the village street are the model cottages, the cooperative store, the charming home for 30 nurses, most of the industries and St. John's and St. Peter's hostels. It is to these last two that the men are again promoted when able to work six hours a day, enjoy more liberty and less supervision and become self-supporting. Some then leave the colony, others stay on in the Hostels permanently. The married men frequently bring their families to live in one of the model cottages and lead an independent life within the community, working in the shops up to their capacity but not beyond and receiving union wages.

The industries include carpentry, cabinet-making, building, printing, leather traveling goods, boot repairing, horticulture and poultry raising. No industry has been started until there was a man to do it, and the best working conditions possible are provided in light, airy shops, with machinery for all heavy work. The superintendents, being ex-patients, are sympathetic and intelligent, and the work is adjusted to the worker, not he to his work. One does not buy the products of the Papworth shops as one makes purchases at a charity bazaar, one buys them because there are no better traveling goods, printing, furniture, etc., to be found anywhere.

The Tonic of Flowers and Fun

Homeleigh, the 36-bed unit for women, has a little bungalow-hospital which gives onto a charming garden where the chalets are scattered on the

lawn among the trees, the paths run in and out among the delphiniums and roses, and hollyhocks nod at the pillows. The gay printed coverlets and curtains give back the songs to the flowers, and those of the patients who are able lie in wicker chairs or play croquet on the grass.

Their own cinema, cricket club, horticulture society, tennis courts, tea garden, school, churches and girl and boy scouts make their life a normal one. A delightful children's hall was built by the voluntary labor and funds of the men, and an ivory plaque announces: "Please respect this place. The grown-ups took 1500 hours to build it and it cost more than 100 pounds."

A new hostel for women will be opened this year. The same facilities will then be offered to women as to men—permanent employment and settlement with remuneration.

Nursing Service

There is a visiting nurse for the village who also attends the clinic for mothers and babies twice a week. It is interesting to note that in eleven years in the colony, not a single child has contracted tuberculosis, and those that have grown up and left are all physically fit. The experiment is being carefully watched and the authorities feel justified in allowing the healthy children to live in the village.

The thirty-odd nurses employed have their own nurses' home, and there are generally several nurses from foreign countries studying this development in the social and physical rehabilitation of the tuberculous man or woman.

Two paragraphs from the printed report of Dr. Varrier-Jones set forth the philosophy which has inspired his faith in his development:

> The idea of the Village Settlement for the tuberculous has, therefore, taken us a long way along the road of prevention, a point I tried to emphasize many years ago. It cannot be too strongly emphasized that the *family is the unit*, and while we prolong the life of the bread-winner under hygienic and economically sound conditions, the family becomes highly resistant to the disease.
>
> Our efforts in treating advanced cases meet with great encouragement, and, indeed, often have their reward. . . . The psychological effect of seeing and hearing of the work of other patients is of enormous value. There is here no atmosphere of a home for the dying. All have an incentive to get well; work, and remunerative work, awaits all who are able to undertake it. We are unable to estimate the therapeutic value of this psychological stimulus. We differ from the ordinary sanatorium in that purposeless work is taboo! Work, with a purpose, with a chance of definite employment at the end of a probationary period, takes its place, and I am convinced that this accounts for the cheerful atmosphere and keenness of spirit remarked upon by all our visitors.

EXTENSION OF NURSING SERVICE TO ENGLAND AND SCOTLAND

The Metropolitan Life Insurance Company is establishing foreign nursing service as rapidly as the extension of its group business warrants. It has affiliations with nursing associations in England and with several individual nurses, in Scotland with nursing associations. Nursing service in these countries is confined to employees of group policyholders insured with the Company in the United States.

In England the contacts with the various local nursing associations have been made by Miss Irene H. Charley, who is in charge of the Visiting Nurse Service of the Mutual Property Insurance Company.

Miss Nan Dorsey, connected with the League of Red Cross Societies, has extended time to supervise generally all of the Metropolitan nursing service. In addition to this general supervision, she has personally made contacts with the Scotch nursing associations.

The Metropolitan Life Insurance Company has presented to Miss Charley and Miss Dorsey complete information regarding the accounting plan recommended by the committee of the National Organization for Public Health Nursing and they are desirous of acquainting the representatives of the various organizations with it so that they can give consideration to a standardized accounting plan.

Leprosy in Siam and the Philippines

By Alice Fitzgerald, R.N.

IN the West the mention of leprosy awakens a sort of curiosity, but one's sympathy for individual cases and one's interest in the cause as a whole are rarely stimulated to activity, as, fortunately, the disease is not common there. In the East, on the contrary, the mention of leprosy brings up problems which have to be met in the daily life of the people, and at times the tragedy may throw its shadow on the household of foreign residents. Leprosy is one of the most tragic responsibilities facing medical men today as it faced them centuries ago. It is still an unknown quantity in the manner in which it is spread, but fortunately great progress has been made in its treatment, and the fact that cures have been recorded somewhat lessens the utter hopelessness of the situation.

It is natural that the care of the lepers has been a subject very much on the minds of the authorities and of the medical profession in countries like the Philippine Islands and Siam, where it is said there are about ten thousand cases of leprosy on record. In both countries every effort is being made to treat leprosy according to the latest findings of the scientists, and constant research is being carried on, but curiously enough, the two differ absolutely in at least one respect—segregation. In the Islands there is strict segregation, but in Siam there is none.

To the average untrained person the advantages of the former method are purely scientific and the disadvantages overwhelmingly sentimental; in the latter method the advantages are overwhelmingly sentimental and the disadvantages are not considered. It is unfortunately true that where segregation is enforced patients must often be forcibly removed from their family circle, and this means a life sentence given for a misfortune of which the individual is completely innocent, that is, the "crime" of having acquired the dreaded disease. Because of this fear of being taken away, people suffering from the disease do not always report themselves, and when found have to be removed at times under police escort, especially in the isolated districts where ignorance reigns supreme and medical care is lacking.

The Colony Settlement at Chiengmai

Where segregation is not enforced people report themselves without fear, and often a very early diagnosis is the result, but this great difference in point of view brings up the question, Is one system absolutely right and therefore the other one absolutely wrong—or is there right and wrong blended in each? Whatever the answer to this question may be, there is no doubt that in both countries the authorities have been guided by a sincere belief in the wisdom of their attitude and by an earnest endeavor to give the lepers the best care and treatment outlined by modern medicine.

In Siam

In Siam, lepers are cared for in the two most important cities, Bangkok and Chiengmai. In the former the responsibility rests with the Red Cross of Siam, which is fortunate in being able to devote large sums of money and the services of trained personnel to this work. Under this organization one finds connected with the headquarters of its health section a very active dispensary, which is attended voluntarily by a large number of lepers, and also a large hospital situated on the river front some miles from the city. This hospital occupies, in part, an old remodelled fort and a number of pavilions which have been erected to house two inmates in each with facilities for isolating both. Men and women nurses are on duty in the institution as well as a resident physician. The patients are free to come and go as they please, and it is only by weight of persuasion that they are kept under hospital care, as they are very apt to wish to return to their homes as soon as they are somewhat relieved from the most acute stage of their local or general symptoms, and they cannot be legally held against their wishes.

The Chiengmai Colony

In Chiengmai, the second largest city of Siam, a twenty-four hours' train journey from Bangkok directly north, the Presbyterian mission is in charge of the very important "colony settlement" for lepers which was organized step by step and built up stone by stone by Dr. J. W. McKean, who has been pioneering in Siam since 1889. Dr. McKean's name is one to conjure with in medical work in the East, and his devotion to the cause of the lepers has resulted in building up a most interesting and most efficient piece of work. Like so much of the mission work, and greatly to its credit, the leper colony is not pretentious as to appearance, nor elaborate as to administration. It, however, answers the needs of the situation, observes the most important laws of hygiene and health, provides for isolation, and above all tries to develop in its inmates a homelike feeling by providing them with their own household work and enough ground to grow some of the necessities of life.

The colony, which has developed little by little along a well defined plan, is composed of two villages, one for men and one for women, and the cottages along the two village streets are one-story bungalows with accommodations for two patients and the required facilities for isolating the one from the other. Administration buildings with laboratory and treatment rooms, a handsome chapel, and other necessary annexes, make up the colony. A great deal of personal attention is given by Dr. McKean to the patients in the colony and they look upon him not only as a physician but also as their friend and well wisher, and to people whose situation is so hopeless this means a little brightness, a little cheer to tide over one more day.

To any westerner who has been to the East the mention of leprosy brings up the picture of the hospitals and colonies which have been visited, and of the despair, not in the faces of the lepers themselves but in one's own mind, at the sight of these miserable individuals condemned to carry a burden the like of which does not exist under any other circumstances. For the doctors, nurses, and religious sisters who devote themselves to the care

of the lepers, the writer has the greatest admiration and respect.

In the Philippine Islands

The work for lepers in the Philippine Islands is well known to Americans, as so many of them have visited the Islands, and there has been much publicity connected with the effort to raise funds in the States for its extension. Culion, the island set aside for the segregation of the lepers, offers as fair a substitute for "home life" as it is possible for any institution to do. In addition to providing the lepers with occupation and means of self-support, Culion is the center for very important research work under the direction of Dr. Wade, who has lived in the colony for years. Children born of leprous parents are now being removed, under a recent arrangement with the Public Welfare Commissioner, to the institutions for orphans and dependent children in Manila. There is also a hospital in Manila where leper cases are admitted for diagnosis and final disposition, and in several cities of the Islands there are camps where the lepers are kept until the boat, on its regular rounds, picks them up for transportation to Culion.

From Erna M. Kuhn, Director of the Nursing Service, American Red Cross, in Manila, comes news of a special campaign against leprosy in which the public health nurses are taking an active part. A statement as to early symptoms, tests and procedure to follow in suspected cases has been issued to all the nurses to use in their home visits and school visiting. We quote from a part of this statement:

It is a very well known fact that the province of Cebu is the hot-bed of leprosy in the Philippines. Although the incidence of the disease has gone down considerably, Cebu is still pretty heavily infected.

Health service officials, as well as practically all the higher authorities from the Governor-General down, are convinced that the establishment of regional hospitals and dispensaries is desirable, and also modifications in our present methods of leprosy control. The drawback is the lack of funds to carry out these plans.

TO DIAGNOSE LEPROSY

Question the patient concerning possible contact with leprosy through leper relatives, friends, housemates, etc.

Look for pale or reddish macules or spots on the skin, especially on the buttocks, extremities, and cheeks.

Inquire for localized prickling, crawling, numb or heavy sensation of the skin. If these symptoms are present, eliminate beriberi by testing for knee or elbow jerk.

Test the sensibility of the skin in all macules or spots seen, or in areas in which abnormal sensations are described, by pricking lightly with a pin. In leprosy, the patient will feel no pain from the pin-prick.

Feel for thickened superficial nerves, especially for the *ulnar* just above the bend of the elbows, the *great auricular* at the sides of the neck, and the *peroneal* at the outerside of the knee.

Search for enlarged lympathic glands at inguinal region, elbow, axilla and neck.

Refer every doubtful case to a Philippine Health Service physician.

TREATMENT

Giving weekly intra-muscular and local injections of iodized ethyl ester of chaulmoogra or related oils.

Building up the resistance of the patient by (a) treating complicating chronic diseases as hookworm, malaria, yaws, anemia, etc., (b) furnishing abundant good, fresh food and plenty of air and sunshine, and (c) arranging for regular physical exercise.

HOW TO AVOID LEPROSY

1. Disinfect hands thoroughly after handling lepers and leper suspects.

2. Those working in endemic areas should pay particular attention to their bodily hygiene, especially as regards cleanliness, and should build up and maintain their physical resistance as advised for the patients themselves.

The Public Health Nurse in Tornado Relief

By Jennie MacMaster, R.N.

AFTER Miss Fox's article in the April issue of The Public Health Nurse it seems fitting that public health nurses who have served in Red Cross disaster relief tell something of their experiences. Disasters such as the 1925 tornado in the midwest and the 1927 flood in the south, so wreck the living conditions to which we are accustomed that the thought of rushing into such an area might be rather terrifying to timid people. But nurses, as a whole, are not timid. When our daily business is with life and death, what could be more natural than for us to rush to scenes which have endangered life?

That work in such an area entails privations and inconveniences for the nurse there is no denying; but this is far offset by the satisfaction which she realizes. Not until she has worked where the need is pressing, and where her first-aid supplies stand out unflanked by glistening hospital equipment, does the nurse know the joy of real nursing.

In disaster relief there is real adventure, and yet we must not go into it primarily for that. Our main reasons must be professional and humanitarian. We must be willing to work hard, and to do cheerfully whatever type of duty is assigned to us. The adventure is part of the reward, the reminder of which may sound negative to the uninitated—the joy of accomplishing a vital piece of work under trying circumstances.

The Tornado of 1925

Though the extent and widespread damage of the 1925 tornado fairly stunned the whole nation, the rush to relief was begun immediately. Some aid was sent that first day. On the following day a special train took a load of doctors, nurses and supplies from St. Louis. We made only one stop between St. Louis and Murphysboro, and that was to take on cars loaded with water for the stricken area. Though we rode with and talked to Miss Olive Chapman, she modestly withheld her identity, and we realized that she was to be our director only after we had arrived in Murphysboro and saw that she was taking charge of the Red Cross disaster nursing service.

As we rode through the storm area for some little time before reaching our destination, we had a chance to form some idea of what we were going to. Those scenes beggar description. Neither pictures nor telling give it enough vividness. In fact, seeing it in person and working day after day in those surroundings does not fully bring home the horror. Those of us who worked there *thought* that it did; but it took a later tornado which wrecked familiar buildings and froze our own emotions with fear to make us realize that we had had after all only a faint idea.

So it is useless for us to try to picture the destruction into which we stepped when we left that train—the vast emptiness of streets cluttered with trees and debris, and of dwelling houses tumbled into the cellars or scattered afar. Men still searched the ruins for dead and injured. The tornado had struck while fathers were at work, children at school, and mothers at home preparing for the evening homecoming. Business places and schools and homes were all destroyed. The uninjured hurried to hunt for loved ones, forgetting that the customary gathering place was gone and the loved ones scattered. Try to imagine that you had loved ones lying injured and helpless, and the terror of not knowing where to search for them. It was the work of one special committee to reunite families.

When we arrived at Red Cross headquarters, some of the nurses were put on night duty and the remainder

instructed to report back to headquarters early in the morning. Those who were to sleep that night were directed to the basement of a slightly damaged church where volunteer workers served supper. From there we were directed to a railroad siding where Pullman cars were being used as nurses' quarters. To prevent looting, everybody was ordered to stay off the streets after dark, so there was nothing to do but to crawl into our "bunks" and go to sleep.

The following morning four of us started by automobile for the town of Benton which was out of the storm area but to which the injured from an entirely destroyed town were taken. The whole area was under martial law and our car was stopped again and again, only to be quickly signaled through when the guard recognized that the passengers were nurses.

The Emergency Hospital

Arrived in Benton, two nurses went to help the regular staff at the local hospital, and the other two of us went to an emergency hospital in the basement of the Christian Church. Here local women had gathered cots and supplies, and had then assisted doctors and first-aid men to give immediate care. The first-aid men were scout masters and professionals from nearby mines. All had worked hard, and all continued to do so. We never lacked for volunteer help.

We were using the Sunday school and Ladies' Aid rooms. One large room became a men's ward, and a larger one across the hall became a women's and children's ward. A corps of volunteers worked in the kitchen. Volunteer women begged instructions in bathing and, having watched one bath given, each was assigned certain patients and started cheerfully to work. In giving necessary instruction to volunteers, public health experience while not essential is certainly useful. These volunteers also learned to take temperatures and to help with surgical dressings. Patients' heads were caked with mud and black with cinders, so before very long the women had also learned the art of easing a patient to the edge of the bed and then doing a very professional job of head washing. This had to be done gently for there were badly wrenched backs, fractured arms and legs, and bruises which in size and color gave credence to one old lady's laughing description, "Laws, Miss, I look like a Holstein!"

No task was too hard or too menial. One afternoon we found the minister passing bedpans in the men's ward. Everyone was cheery and appreciative. No one bemoaned his injuries or complained of his losses. Faces clouded only when the sky clouded—then tense expressions and dilated eyes were mute evidence of the terror they had been through.

In the first bed in our women's ward was a young woman with bruises and minor gashes; in the bed next to her was her black-eyed five-year-old daughter who had bruises, gashes and a more extensive head wound; in the next bed was her three-year-old boy who had a fractured leg, a cheek gash, and three head wounds. In a side-room was the mother's aunt who had a very severe head wound. And further down the ward was the young mother's sister who had such severe bruises on her back that she was unable to turn alone, and could hardly bear to be turned. With her was her four-months-old baby with head wounds; and this woman's husband had buried his mother, his sister and her two children all in one day, and an aunt several days later.

Those are only a few examples of what that very unusual little hospital contained, and working in their district later as public health nurse proved doubly interesting after having cared for them during hospitalization. Emergency hospitals are usually closed as quickly as possible. Cases which can be cared for through daily visits are sent home, and those who need further hospitalization are sent to the nearest regular hospital which can accommodate them. Our little hospital was closed in less than two weeks.

During the time that it was in use, we sent daily reports to Red Cross headquarters at Murphysboro and were visited several times by Doctor Redden, Red Cross Medical Director, and Miss Chapman, who checked on conditions, the work being done, supplies on hand and further supplies needed.

Nearly everyone in this family was hurt

Follow-up Work After Disaster

When the hospital closed Miss Chapman appointed the writer to act as public health nurse for follow-up work in the area from which those patients had come. In order to perform this work in the most satisfactory manner, it was judged best to move to West Frankfort.

As the Parrish area was decidedly rural, automobile transportation was a necessity — but automobiles were greatly in demand, so we were supplied with various means of "getting there." For a certain part of the time we were fortunate enough to have a car to ourselves. Sometimes we rode with a social worker, sometimes with a farm bureau man, sometimes with a volunteer driver.

We each had a list of the dead and the injured from our area, notations of where the injured had gone from the hospital, what further care had been suggested for them, any other data which might help in locating them, and what prejudices we might have to overcome.

A few examples of what some of those prejudices were might be interesting:

One man who had both legs fractured was a Christian Scientist, and it would take a book to tell all the work of all the nurses who visited him before he was finally persuaded to go to the hospital.

One woman had a gash from the bridge of her nose to the crown of her head. She had her head plastered in lard and bound in home-made bandages, and it took considerable persuasion to get her in to the hospital.

One little girl had a fractured hip which had not been properly set because the mother had had a dream in which she was warned that the child would die if permitted to go to the hospital. That child was twice moved from one house to another in attempts to elude the nurses with their persuasions, but she was finally taken to a St. Louis hospital.

In addition to our lists of names and locations, we carried form cards to guide us in getting histories. These forms included, in addition to the usual family and injury history, a check-up on sanitary and living conditions. While at each home—which was usually one of the State Militia tents issued immediately following the disaster—we gave instructions about sanitary conditions, which included care of drinking water, milk and food under those unnatural conditions.

When we reported, for instance, that one little town to which about fifty families had returned, had only one unscreened surface toilet, the sanitary men immediately hastened to that town.

Taking care to follow-up discharged hospital cases, we hunted all families on our list. While riding from place to place we kept a sharp look-out for new tents in the area, and for ruins of which we had no record. We also inquired for the whereabouts of neighbors.

One day while a nurse was taking a family history, a little three-year-old who was reported uninjured and whose mother had been killed, got up from the floor and walked across the room. The nurse immediately made inquiries about the child's limp and was told that that she had walked like that since the storm but that she had not been hurt. The nurse finally persuaded the father to allow the child to be examined, whereupon the hip dislocation which she had suspected was discovered.

There was never any doubt as to where the storm area ended. It had left a well marked path which none could mistake. One day when we had been out of the storm path for a short distance we suddenly ran into a woodsy stretch. To the right of the road trees were broken off and uprooted; to the left, that type of destruction was much worse; and among the broken trees we saw the remains of a building. It was literally broken into kindling wood, and looked as if some violent hand had scattered it about in maniacal rage. A little further along we reached a clearing in which a few school desks stood in the ruins of a foundation. That was all.

Perhaps the most pitiful cases in the whole area were the prenatals—all their preparations scattered beyond retrieve, their homes gone, no privacy to be had, small chance of ordinary cleanliness, and the inconvenience of cooking and care of children adding no little strain to their trying conditions. Such cases were checked as quickly as possible, and plans made for their care. Layettes were made and sent in by various organizations. Doctor Redden's order went out, "No babies to be born in tents," after which hospital arrangements were made for those who would deliver before permanent structures could be erected on the home site. One father in our area worked day and night on a two room shack to temporarily replace the two story home with bath facilities which had been theirs. His job was completed none too soon, and the new member of that family arrived in a very snug bedroom to which the family kitchen adjoined. The rest of the family continued to sleep in their tents.

Under an Inspiring Banner

As time progresses and the hectic emergency days pass, disaster work settles down to an efficient routine. The coöperation of the families with which we work shows the same gradual improvement that we experience in all public welfare work. The nurse becomes habituated to her work and her living quarters, the latter of which improves as the emergency period passes.

No matter what the job nor where nor with whom she has worked, the nurse leaving a disaster field is keenly conscious of having served under an inspiring banner, and of having had a hand in a highly humanitarian service rendered in a manner which was constant cause for new surprise at its efficiency, and new admiration at its scope. It is safe to say that any nurse who has served in disaster under the Red Cross will thereafter find herself somewhat in the position of the old fire-house horse. As the ringing of the alarm bell caused those well trained animals to quiver and prance in their eagerness to be away—so will the news of each fresh disaster urge the initiated nurse to lose no time "getting into it!"

Camping and Health

By Gladys I. Young
Local Director of Girl Scouts, Detroit, Michigan

IN considering the health side of camping for girls, strangely enough one must begin with the girls' parents, mostly their mothers. Camping, which formerly was considered a messy, untidy type of living indulged in by only the sunburned, brawny type of person, is coming to be seen as an opportunity to regain vanishing health and build up constitutions broken down by the winter's strain. Campers' parents expect much of camp.

In the years we have experienced Girl Scout camping we have heard of some profound results which we are expected to produce. Each camper must gain or lose weight according to her need. She must come back with rosy cheeks, a husky appetite and a real zest for living, no matter what her mental or physical status may have been. Although she comes from a family who employs a physician only when the quarantine sign is to be posted, in camp she must have constant bedside care from a graduate nurse for the slightest ailment.

The children who go about the city all winter unattended, meeting disease germs in crowded theaters and more crowded street cars must be under constant surveillance lest they encounter sore throats, skin infections or some other ills to which flesh is heir. In other words we must cure and guard against all illness. This is all a decided compliment to camping. It proves that the lay public considers camps sanitary, sane, and safe. The old thought of hip boots and an Alpine staff is quite forgotten.

How It Should Not Be Done!

One particular year of our camping experience taught us a lesson. During that season, the parents seemed possessed to put on a real campaign for their children's health. Fearing that our little first aid kit and Health Cottage would not be sufficiently outfitted, the campers brought a great deal of personal equipment from home. One brought cold cream for her lips. This was to be applied, so said the mother, under the nurse's advice and supervision. One hundred twenty-five campers multiplied by two lips meant two hundred fifty applications if all mothers thought the same way! Our poor nurse! Another camper came with a discharging ear and a shoe box marked "poison" containing a syringe and a season's supply of a dangerous remedy. The nurse was to please give the treatments at the proper intervals! But the crowning touch was the mother who brought a quart bottle of tonic, glass tumbler and spoon and asked that the camp director keep the equipment in her personal tent and administer the doses as the nurse "couldn't be trusted" to look after this particular daughter. Could any camp director ask for a greater profession of faith?

A Change in Emphasis

At the end of that camping season, we went into seclusion and pondered on our problem. The result was an educational campaign for health rather than sickness. We decided to demonstrate to our parents that first of all, the children must understand that a definite, vigorous, out-of-door program was to be carried on in our camp. A child unable to take part must not come to us. A physician who understood our aims drew up a certificate of health which each child would present for entrance. If she did not measure up, she must go to some place where the program suited her need. If her physical condition could stand the strain of our hiking, swimming and other out-of-door activities, then her physician signed her card and she came to us.

Even physicians do not always understand the health side of camping. A child came to us with her physician's signature on her card and such rosy cheeks that we could not resist patting them. They were scorching! Her temperature was 104. When we asked for an explanation of the signature she said, "Oh, I didn't see him. We live way out. Pa took my card to him." And we had a very sick child to care for.

We gradually taught our parents that our nurse was proof to the public that we had professional ability at hand if we needed it. She was not making illness a luxury but was putting a premium on health. She was an instructor in the camp. She had daily classes in bandaging, first aid applications, bed making and personal health rules. Her students could tie up a bruised finger, take care of ivy poisoning, make a bed while its occupant lay comfortably under the covers, or dictate sane rules of living to the visitors who came to our grounds.

A Camper's Health Council

These same rules grew into a splendid plan. A Health Council was formed, the membership being made up of one girl from each tent. To add interest in the project, the daily meetings of the council were held on the porch of the Health Cottage. Each counsellor brought her tent chart with the information for her seven tentmates carefully tabulated. Her report included answers to the following questions:

Did each girl clean her teeth this morning and last night?
Are there finicky appetites in your tent or did each girl eat everything on her plate since our last meeting?
Did each girl drink six glasses of water yesterday?
Is the personal equipment of each girl clean and sweet, or does her towel tell a sad story?
Did each girl have a bowel movement yesterday?
Did the girls of your tent show good posture at table and eat slowly, thus getting the most nourishment from their food?

Childish questions? Yes, indeed! But would it hurt us grown ups to keep such a daily record on ourselves? And do you doubt a child's ability to judge her tent-mates? So did we sometimes. In such cases, the nurse made her own private investigations. In all instances, a girl who lagged in the camp's activities was called in and advised by the nurse. And very often a real ailment was discovered by the tent counsellor but was not noticed by the adult staff. Children are splendid little detectives.

Good posture was always commended. Each noon, a representative from the Health Council announced in profound and dignified tones, "The Health Council is pleased to report that the winners of yesterday's posture contest were the Gophers." Everybody cheered for the Gophers and inwardly vowed that the Chipmunks or the Owls or some other group would win the next time. Of course, posture is more easily watched at table than at any other time, but the little health counsellors had sharp eyes at flag raising, retreat, swimming and in fact at every minute of the day.

Health Wrapped Up in Fun

Health is practical and perhaps to some, dull and uninteresting. But when fun and beauty are tucked into the idea, who can resist? So once a week the members of the Health Council presented a health truth in drama form. Cheese cloth costumes, gold crowns, silver shields, fairy wings, "microbey" black suits with horns and tails, all paraded across the platform to the joy of actors and audience alike. Of course, the evil habits and illnesses were all artistically slaughtered by fresh air, sunshine, rest, etc., and a highly moral atmosphere was created. But for weeks afterward our campers recalled that Jimmie Germ fainted when the window was opened. Our "eye-minded" children had learned their lesson.

The Sum of It All

What does it all amount to? Six hundred girls from all walks of life

spent a week or more in our camp. Constant thoughts of health were presented to them. They lived health, they taught health, they acted health. Sick girls were cared for, but "'taint no fun" to stay behind whilst the whole camp is swimming or hiking or singing. To be in the fun, one must be well, hence one kept well or else became well as soon as possible. Illness was truthfully explained by recalling just what wrong had befallen the girl. The next time she avoided the wrong.

Any city will realize that a camp which returns its girls informed on keeping well is doing a service. Any department of health will advise a camp as to how to teach health. And in the end, any person would rather be able to "carry on" than be "enjoyin' poor health." What has been accomplished in the Detroit Girl Scout Camp, backed by the Health Education Division of the Detroit Department of Health can be accomplished in any camp in which the entire group from the director to the tiniest camper is "sold" to health.

IMPRESSIONS OF THE NATIONAL TUBERCULOSIS ASSOCIATION MEETING AT ATLANTIC CITY

The twenty-fifth annual meeting of the National Tuberculosis Association in Atlantic City May 28–30 added another milestone to the history of this pioneer health organization. Significant features of the meeting were the review of activities of the organization during the past twenty-five years, and the discussion of the possibilities of a future program in this and allied fields of disease prevention and health promotion in the coming years.

The steady growth and development of the organization from that of a small committee of far-sighted pioneer physicians to a national organization of lay and professional people with active branches in forty-eight states and 1,400 local organizations must have been an undreamed-of materialization of the hopes and aspirations of its founders, many of whom were present at this meeting. Equally gratifying must have been this occasion to the multitude of workers who were able to give such an excellent accounting of their stewardship to this pioneer group. A steadily decreasing death-rate and the saving of millions of lives is the history of tuberculosis since the inception of this organization. The development of modern laboratory methods, diagnostic procedures and sanatorium treatment are a far cry from the humble beginnings so fascinatingly portrayed in the exhibit showing, among other things, original stethoscopes used by the pioneers and a picture of the "Little Old Red Cottage" at Saranac Lake from which our present sanatorium systems have evolved.

The pathological, clinical, social and economic aspects of tuberculosis were stressed throughout the entire program. Of particular significance is the coöperation of lay and professional groups in the success of the organization in its community program and the realization, on the part of all, of the possibilities of such a representative group in the whole community health program.

It is very evident that the executive secretaries of the local and state associations are making a real effort to stimulate an interest in tuberculosis prevention on the part of public health nurses in their territories.

A better understanding of tuberculosis, its control through educational and nursing methods on the part of supervisors of all nursing services, whether bedside, child welfare, communicable disease, school, or social hygiene, would contribute much toward the awakening of an interest and understanding on the part of all nurses in this important community health problem.

VIOLET H. HODGSON

Physical Examinations for Staff Appointment

NOT long ago a nurse applied for a position on the staff of a public health nursing association. The nurse stated that her health was good, that her family physician had examined her within a year, and had found nothing wrong. As the doctor who usually examined the staff nurses was out of town, the new nurse, much needed in the association and her qualifications in other respects excellent, was given a position on the staff. Four months later, after the association had put considerable time and money into introducing the nurse to her work and district, her supervisor reported that the nurse lacked energy, and was missing several days of work a month. She was referred at once to the doctor recommended by the association, who found his patient well past the initial stages of tuberculosis.

Last year the comments of an expert in the scientific management of industry, Percy S. Brown, were quoted in THE PUBLIC HEALTH NURSE.* He emphasized the importance of a preliminary physical and mental examination of all candidates for nursing positions before wasting community funds by the trial and error method. It seemed worth while to secure a report from associations requiring a complete physical examination and a statement as to the percentage of these candidates rejected for physical disabilities. The results of mental tests would also be of immense interest, but the National Organization for Public Health Nursing has no data on public health nursing groups requiring these tests.**

For the last three years one of the largest employers of young women, which has had considerable experience in the physical examination of candidates, has, at the request of two large public health nursing services, examined all nurse candidates for their staffs. It is with the permission of these agencies that we print the following notes.

COMMON DISABILITIES

The candidates applying are of a definite age group—20 to 40—corresponding closely to the age group examined in the U. S. Army draft in 1918–1919. For this reason it is possible to show comparative figures in certain disabilities. It is the experience of this agency—as it was in the draft—that applicants are generally totally unaware of their impairments. Definite knowledge of physical disability would probably prevent most nurses from applying for so strenuous a job as public health nursing, and it is also likely that three years in a school of nursing would quite automatically weed out the unfit. It is therefore quite surprising to find in so selected and well informed a group, conditions not only needing energetic corrective measures but also sufficiently serious to disqualify for work.

In every 100 nurses examined, 1.5 per cent to 4 per cent showed symptoms of heart disease; .5 per cent to 5 per cent had lung conditions. From the point of view of time lost and mortality, this latter condition is the most important to be considered. The Army draft group figure, .3 per cent for urinary impairments, is duplicated in this group.

Certain mechanical disabilities—overweight, flat feet, etc., should be watched for, especially in the case of flat feet where there is a possibility of a recurrence of a former condition with the extra strain of a walking occupation.

Among nurses we find thyroid conditions, hypertension (apt to be associ-

* January, 1928, p. 25.

** For mental tests of student nurses, see *The American Journal of Nursing* for February, 1929.

ated with overweight), dysmenorrhea, and the menopause as menaces to efficiency. The foci of infection—teeth and tonsils—must be carefully inspected, and it is wise to set a time limit to correction of defects, accepting the candidate conditionally. Frequently, financial inability to secure attention for teeth and tonsils accounts for the candidate's neglect of these conditions and the temporary appointment to a staff enables her to have them corrected and to fit herself for a permanent position.

A history of nervous breakdown and neuropathic tendencies should constitute a warning. Public health nursing is not a very satisfactory field for an emotionally unstable nurse. The demand on her sympathies, on her ability to adjust to people and her physical strength is too great.

All the physical examinations on entrance and constructive advice for the accepted candidate are worthless, however, if they are not followed up by periodic examinations — once every twelve months unless otherwise indicated. The argument for physical examinations which the nurse herself uses so glibly to the reluctant patient—"Your automobile is overhauled at least once a year, why not your machinery?"—applies just as strongly to herself. It is advisable that physicians carrying on the initial and periodic examinations be paid, either by the association, the nurse, or jointly, and that confidential reports be filed with the executive director of the association.

PHYSICAL EXAMINATION FOR EXECUTIVES

The Dennison Manufacturing Company nine years ago decided to institute health supervision for its executives. . . .

The executives to be examined are selected by the directors of the corporation. Examinations are given twice each year and appointments are made by the physician who calls each executive by telephone and arranges the matter with him. The examination records are kept for reference, so that the health record and any information concerning deterioration are always available.

In connection with the health examination plans have been made for health preservation and disease prevention. These plans include inoculation against communicable diseases, three weeks' vacation annually with salary, half holidays during the summer in addition to the Saturday half-holiday, and special vacations for men who require them.

It has been found that the executives like the health examination, coöperate fully, follow the advice and willingly correct minor and major physical defects that are called to their attention.—*Hygeia.*

A THRUSH BEFORE DAWN

Darkling, deliberate, what sings
This wonderful one, alone, at peace?
What wilder things than song, what things
Sweeter than youth, clearer than Greece,
Dearer than Italy, untold
Delight, and freshness centuries old?

And first first-loves, a multitude,
The exaltation of their pain;
Ancestral childhood long renewed;
And midnights of invisible rain;
And gardens, gardens, night and day,
Gardens and childhood all the way.

—*Alice Meynell*

An Eleventh Hour Prenatal Visit

Demonstration presented by staff nurses of the Evansville, Indiana, Public Health Nursing Association at the Regional Public Health Conference in Vincennes, Indiana.

Time: Any afternoon in 1929.
Place: At the home of a prenatal patient.
Characters: The Patient
The Public Health Nurse.

Rap, rap, rap — (no answer).
Rap, rap, rap!

Nurse (to herself): Wonder if this is the right house. Hasn't any number. I suppose it would be 243 if there were a number.

Rap, rap, rap! (Mrs. Blank appears—head tied up as though she had a headache. Speaks sleepily through a crack in the door.)

Mrs. Blank: Howdy.

Nurse: How do you do. Are you Mrs. Blank?

Mrs. B.: Yes.

Nurse: I am Miss Help of the Public Health Nursing Association. I think you will be needing a nurse one of these days and I have come to visit with you.

Mrs. B.: Wa'll come in an' set down. The agint said he would send a nurse.

Nurse: O, then you have a policy?

Mrs. B.: Yess'm.

Nurse: How are you feeling, Mrs. Blank? Looks as though you had a headache.

Mrs. B.: Wall' I'm purty good now. Had a headache but its better. (yawning) I be'n sleepin'.

Nurse: Yes, I thought you had. Sorry I had to waken you.

Mrs. B.: I take a nap every afternoon.

Nurse: Oh, do you? It is well for you to get your regular rests—especially in your present condition.

Mrs. B.: Hm! You doan say. I rest good in day time but how is it, nurse, I can't sleep at night?

Nurse: I wonder if you sleep too much during the day? Do you work around and exercise some every morning and afternoon?

Mrs. B.: Not much. I sleep every mornin' too.

Nurse: Well, I suggest, Mrs. Blank, that you try resting an hour every morning and afternoon but don't let yourself go to sleep. Also, you ought to take regular exercise. Do you get out and take walks?

Mrs. B.: Nom'n, I ain't got no place to go. Don't know anybody much 'round here. Jist came here four weeks ago.

Nurse: O, don't feel bashful. Just act as though you were going to the grocery. It would make you sleep better if you had exercise out of doors. Take at least a fifteen minute walk every day. Won't you try to do this?

Mrs. B.: Hm, yes I could. I ain't never thought that would help me sleep at nights. Say, nurse, where I come from there warn't any nurse to go roun'. I heerd all about you frum the agint. Do you take keer of many babies, nurse?

Nurse: Yes, indeed we do. I cared for three darling little babies this morning. You understand we cannot be here when baby is born, but we can come every day after baby is here.

Mrs. B.: Yes? Mrs. Friend says she'll come over when baby is born. That's my neighbor. She's awful nice.

Nurse: Fine! Who is your doctor, Mrs. Blank?

Mrs. B.: Dr. Slow wuz my doctor up home, but I ain't had any since I come here. Kin you tell me a good Doc' nurse?

Nurse: Well, we have many good doctors here. Don't you know any of them?

Mrs. B.: No,—wa'll Mrs. Friend she had Dr. Willing an' he wuz good. Do you know him, nurse? Is he all right?

Nurse: Oh, yes, he is splendid. How soon do you expect your little "tea-party," Mrs. Blank?

Mrs. B. (all smiles): Wa'll from all the reckonin' my home Doc' done it'll be in 'bout six weeks.

Nurse: Oh dear! you should see a doctor at once.

Mrs. B.: Maybe I kin go soon now. Joe never had much work up home but his work here is more steadylike. How much will it cost, nurse?

Nurse: You must make these arrangements with your doctor. It is so important, Mrs. Blank, that you see him soon. He may want to examine your water. You see the kidneys have so much extra work to do when you are pregnant. Doctor can tell if they are working as they should. Do you often have headaches?

Mrs. B.: Yes, often. Sometimes I can't see good. I have little specks in front of my eyes and I get dizzy spells. That's natcheral, ain't it nurse?

Nurse: No, of course it does happen, but it is a sign that you should consult your doctor. You should not have frequent headaches or dizzy spells. Do your hands and feet swell?

Mrs. B. (exhibiting her swollen legs): Yes, nurse, Mrs. Meddle said that comes from carrying the extra weight of the baby.

Nurse: Is she a nurse?

Mrs. B.: Who, Mrs. Meddle? Laws no. Servenuria Meddle is jist an old woman up home in the hills. Ain't that the cause of them swellin'?

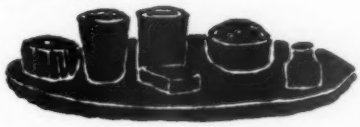
Nurse: Well, Mrs. Blank, there may be several causes, but if you want to be on the safe side you ought to consult the doctor—as one cause could be kidney trouble and if kidney trouble is corrected before baby comes—the mother has a much easier time and is assured of a fine healthy baby. Won't you call on the doctor tonight? Then, perhaps, your husband could go with you?

Mrs. B. (shaking her head): No—Joe's comin' home late tonight.

Nurse: Could you arrange to go to-morrow?

Mrs. B. (hesitatingly): Meybe—if you think I ought to go so soon. Meybe he could go with me to-morrow night.

Nurse (smiling): Promise me that you will go?



Mrs. B.: Yes'm. I guess we kin go. Nurse, my stomick jist burns after I eat. I be'n tryin' to eat fur two. Mrs. Meddle told me that too, but I feel so "stuffed up"—after I eat. Think I eat too much?

Nurse: Do you know, Mrs. Blank, the doctors to-day do not advise eating so much food. It is important that you eat the right kind of food. You should eat plenty of green vegetables and fruits and not much meat and drink about ten glasses of water every day.

Mrs. B.: O, I didn't know that—I like meat, we eat it purt nigh every meal an' I drink a dipper full of water every now and then, but I know I don't drink that much.

Nurse: Better take a drink now, Mrs. Blank, while I get out my sheet and write up the history (so I won't have to trouble you when you are sick). I also want to copy your policy number. (Nurse completes history.) Have you your baby clothes ready?

Mrs. B.: Yess'm. I'll show you. (She demonstrates her small layette from a little chest.)

Nurse: This is just lovely! I see you have two of everything. Who is to do your washing when baby arrives?

Mrs. B.: Mrs. Friend is gon'a wash fer me an' her fifteen year old girl is gon'a cook fer me.

Nurse: Then I suggest that you try to get three of everything, three gowns, three bands, etc. It will be so much better—especially if the weather is bad and it is difficult to dry clothes.

Mrs. B.: Now there—I never tho't about that. I got lots of diapers, see?

Nurse: Fine! Do you have a rubber sheet for your bed?

Mrs. B.: No, I've got an ole quilt I kin use.

Nurse: Is it clean?

Mrs. B.: I don't know. It's jist an old quilt my step-ma gave me.

Nurse: At the time of baby's birth everything must be perfectly clean. Your baby clothes should be washed and ironed, too.

Mrs. B. (thoughtfully): But I ain't got much money to buy a rubber sheet.

Nurse: Oh, I can tell you something better than an old quilt. Have you saved any newspapers?

Mrs. B.: Yes, Mrs. Friend said I'd need 'em. She saved some fer me, too.

Nurse: If you get one for me I'll show you just how to make some paper pads. (Mrs. Blank gets the papers and nurse demonstrates.)

Nurse: You must make two large ones and six of the small size. Then place a clean cloth (washed and boiled) on the papers, baste it on all the way around. Then press your pad with a hot iron, and fold it up with the cloth side inside, so that it will not get dusty. Do you understand?

Mrs. B.: I'll try makin' them, Nurse.

Nurse: That's right. I want to see them when I come back. Have you a bed pan, Mrs. Blank?

Mrs. B.: No, will I need one?

Nurse: Yes, it would be so much better. Could you possibly borrow one from your neighbor?

Mrs. B.: Yess'm, I'll see; she'll borry me one if she's got one. She's awful nice.

Nurse: Good! I hope she has one. Have you some cotton for pads?

Mrs. B.: Nom'm. I got some rags here in this drawer, I'm aimin' to buy some cotton. Kin I use them around cotton?

Nurse: Yes, if you wash and boil your cloths and then iron them. Then put on your cotton and wrap them all in a clean cloth and newspaper—and then bake them in the oven. You must be careful not to burn them.

Mrs. B.: H'm. Would you help me bake 'em, Nurse, when you come back?

Nurse: Be glad to. One other thing we ought to get ready is a tray for baby's toilet articles, soap, two jelly glasses with lids, toothpicks, cotton jar, mineral oil or vaseline, etc.

Mrs. B.: Oh, you mean a "waiter" to set them things on?

Nurse: Yes.

Mrs. B.: I got a round "waiter" that'll do.

Nurse: I have a booklet here you may keep and read—and I will write down the extra things you should have so you won't forget them.

Mrs. B.: That's a good idear. Say, Nurse, what do I do when it's most time, and the pains are a comin' on?

Nurse: We could talk all day, couldn't we? Aren't you getting tired?

Mrs. B.: I'm so glad you came, Nurse. You know jist how everything is gon'a be, don't you?

Nurse: Doctor will need several wash basins. Then when your pains start, first of all notify your doctor. Be sure and boil a stew-pan of water (with lid on) for about ten minutes. Then set it aside to cool. Put on a teakettle of water so that doctor will have hot and cold boiled water. Be sure your basins are washed and boiled. Now you will also need a waste pail.

Mrs. B.: Sure, I got one of them.

Nurse: All right. Next thing you do is to get out your newspapers. Take the bed clothes off your bed and cover the entire mattress with newspapers. Put on your large sheet, then your large paper pad, and finish the bed as usual. Now, take everything off your dresser and trunk and table, and cover them with papers, also the floor to keep your carpet clean. Get out the baby clothes and tray so they will be handy. Be sure to have a small blanket in which to receive the baby. What about a bed for the baby?

Mrs. B.: Oh, Nurse—Mrs. Friend's gon'a borry me her baby crib.

Nurse: That's great. A bed all its own! Now, if there is still time, take a warm sponge bath and put on a clean gown and your kimona and then you

are ready. Here is my card, Mrs. Blank. Be sure the neighbor calls in when baby has arrived so that I can come to see you.

Mrs. B.: Thanks, Nurse; wished you would a come sooner. You couldn' tell me if it's gon'a be a boy or a girl?

Nurse (laughing): Indeed not. I'm not a wizard or a fortune teller. Wish I could. Be sure to put that card in a safe place.

Mrs. B.: When you cumin' back?

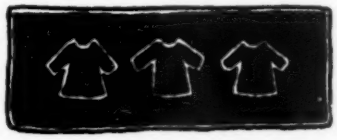
Nurse: In about two weeks, unless you need me sooner. If you do, be *sure* to call. You won't forget to consult the doctor?

Mrs. B.: No, I'm a goin' shure. Good-bye, Nurse.

Nurse: Good-bye, Mrs. Blank.

Nurse (thinking): If we could only get our prenatal patients sooner. It isn't ideal to tell them everything in one visit but sometimes it must be done.

LYDIA C. SCHLUNDT
Field Supervisor, Public Health Nursing Association, Evansville, Indiana.



We are adding an outline which was sent us by Agnes Alexander and Adelia Eggestine, given at the public health nurses' regional conferences in Minnesota during March. Much more is contained in these prenatal visits than would be thought advisable in a city prenatal program where visits could be made more frequently. The problem of including advice as to going to the doctor and having the necessary tests was brought in in this way.

Mrs. B: I don't want to go to a doctor. What could he do for me, anyway?

Nurse: Well, there are a great many ways a doctor can help you. He can relieve these little discomforts, and sometimes they mean the beginning of real trouble. When you go to a careful doctor and ask for prenatal care, he will give you a good examination all over. He will look at your teeth, your throat, and examine your heart, lungs, and take your blood pressure. He will take a sample of your blood to learn if it is in a healthy condition for the nourishment of the baby. You should take a sample of your water (we call it urine) to the doctor because from your water he can tell whether your kidneys are working the way they should.

Mrs. B: Oh, my water's all right. It's just as clear as can be.

Nurse: Well, you can't tell by the looks. The doctor has to make tests to see if it's all right. Then, too, the doctor nearly always wants to examine you inside to be sure there is nothing there to cause trouble during the birth. Then he can learn whether there is an abnormal discharge, because a vaginal discharge at any time during pregnancy means *something* to the doctor. If he has a scale in his office he will want to keep track of your weight.

Mrs. B: I'm sure my blood's healthy.

Nurse: Yes, I expect it is, but it is a simple matter to make sure. You see there are a few infections which the mother's blood may carry over into the growing baby. If there is such an infection, it could easily be treated in you so that your baby will be born without this disease. It really is quite simple and very much worth while.

OUTLINE OF PRENATAL VISIT

I. Introduction to home
   A. By name and organization represented (source of information regarding pregnancy not revealed)

II. Aims
   A. To create a friendly contact
      1. By interest in home and children
   B. To get patient under doctor's care
      1. Explanation of prenatal care
      2. Value to mother
         a. Keeps her in better health
         b. Safeguards against accidents of birth
      3. Value to baby
         a. Reduces premature births

b. Increases mother's ability to nurse her baby
4. Value to family
a. Health of mother insures better care of family and home
C. To impress general rules of Personal Hygiene
D. Discovery of early untoward symptoms. "Little things going wrong have some definite meaning"
1. Headaches, dizziness
2. Disturbed vision
3. Nausea, vomiting
4. Edema
5. Varicosities
6. Constipation
7. Vaginal discharge
8. Bleeding
9. Backache
10. No feeling of life
E. To aid in relieving discomforts
1. Varicosities
a. By postural rest
b. Removal of constriction
c. Attention to bowels
d. Bandaging
2. Constipation
a. Diet
(1) Laxative foods
(2) Fluids
b. Rest
c. Exercise
d. Regular toilet habit
3. Backache
a. Relief of constipation
b. More rest
c. Abdominal support
F. To ascertain mother's plans for confinement
1. Date of expectancy
2. Doctor or midwife
3. Hospital or home
G. To aid in preparations for confinement if needed
1. Check on baby's supplies
2. Check on mother's supplies
3. If going to hospital
a. Instruct her as to what to take with her
b. When to start
4. If at home
a. Room for confinement
b. Plans for household aid
c. Preparation and sterilization of obstetrical package

"The Servant of a Tender Conscience"

The School of Hygiene was established in the University of Toronto in 1925. It was not until the opening of the new Hygiene Building in June, 1927, however, that those departments in the University concerned with the teaching of Hygiene, Public Health and Preventive Medicine were coördinated. The school includes a department of Public Health Nursing, which offers two diploma courses. If successful in completing the four year course the student is entitled to the Diploma in Nursing from the Toronto General Hospital and the Diploma in Public Health Nursing from the University.

This quotation, chiselled in stone inside the entrance of the new building, is significant of the spirit which permeates the School:

"That man has had a liberal education who has been so trained in youth that his body is the ready servant of his will, and does with ease and pleasure all the work that, as a mechanism, it is capable of; whose intellect is a clear, cold, logic engine, with all its parts of equal strength, and in smooth working order, . . . whose mind is stored with a knowledge of the great and fundamental truths of Nature and of the laws of her operations; one who, no stunted ascetic, is full of life and fire, but whose passions are trained to come to heel by a vigorous will, the servant of a tender conscience; who has learned to love all beauty, whether of Nature or of art, to hate all vileness, and to respect others as himself."—Huxley.

Volunteer Service

The public health nurse is turning more and more of her effort toward arousing the community to a conscious understanding of public health. She is realizing that the responsibility for maintaining a high degree of community consciousness must be shared by the professional and lay public. With this thought in mind it is inevitable and highly desirable that she enlist the service of volunteers, not only as members of the board of directors and committees but as actual co-workers with her in so far as their time and training permit.

How many times have we heard nurses say—"Oh, it's easier to do the job myself than to stop and explain to a volunteer." True. So it is easier and quicker to make a mustard plaster for Tony's chest than to stop and teach Mrs. Savarelli to fumble through the procedure, taking minutes to measure the flour and mustard and then in the end getting the mixture too "runny,"—but that is public health teaching and a part of every nurse's job. Mrs. Savarelli will make a better plaster next time—she will make a perfect one in a few days and she will have that knowledge for all time and may even teach a neighbor. The time spent was surely worth while. Just so Miss Vincent-Brown from Oakdale Park will blunder through her first attempt at filing dismissed cases, or making cord dressings, or undressing preschool children for the doctor, but give her a chance and she will soon be as efficient as the nurse—perhaps more so. She will bring to her work a new point of view, she will be absorbing information about the whole community health program, she will talk public health nursing to her friends, and will even, as one volunteer put it—"get busy on my own health problem."

Clare Tousley of the Charity Organization Society of New York says:

> "My conviction is that a social organization that merely tolerates volunteers, rather than seeking and training them in the belief that such volunteers are indispensable to the effectiveness of a live organization is cutting off its largest channel to the public."

She adds that through volunteers, within one year, her organization reached: the private school group, a women's democratic club, several church groups, the foreign language press, college alumni associations, and neighborhood clubs.

Of course there are volunteers and volunteers. Skillful, tactful weeding out is necessary until the nurse grows wise in the ways of personnel management and finally knows her group and their capacities to a nicety. Volunteers have certain desires in offering their services—as one speaks for herself.

She asks:

> That the volunteer be recognized as a potentially skilled person, even though a poor one;
>
> That she be permitted to have exactly the same point of view of the organization's work as the executive;
>
> That she will be allowed to "follow through" on a creative job.

IN RURAL WORK

In rural work volunteers are an essential. Recently a public health nurse reported that a large part of her time was spent in taking patients to and from a nearby city for medical care. A nurse who allows herself to be drawn into services capable of being performed by volunteer workers—or a community which allows a nurse to act as a chauffeur—is "turning public health nursing service from a community necessity into a community luxury."

Marie H. Orr, county nurse in Knox County, Indiana, wrote last year:

> We have no social worker in the county. In a recent questionnaire sent out to the volunteer workers of our county I find that in a little more than a year, 977 visits or personal interviews have been made in health or social work in the county. Besides this, 324 telephone calls were made.
>
> The object in organizing the 17 health committees was originally educational, educational in the sense that members of these committees could learn about their own com-

munity problems and how to meet them by actually working with them. We hoped to eliminate the weakness in some of our systems of doing their work for them instead of teaching them how to do it for themselves. The development of a social and community sense has far exceeded my ambitions in so short a time. Many of these workers had not thought much beyond the family or personal interests.

So important is the function of volunteers that a chapter is devoted to their service in the new *Handbook of Standard Methods* published by the Division of Maternity, Infancy and Child Hygiene of the New York State Department of Health. A list of possible services to be performed by volunteers is included.

In Pittsburgh an unusually well developed volunteer service is active. The supervisor of child welfare of the Visiting Nurse Association sends us this account:

A PLAN FOR VOLUNTEER SERVICE

Total number well baby conferences held weekly—12.
Total number volunteers—12.
Volunteer help at 10 conferences.
Volunteer graduate nurses—5.
Three of this number have been public health nurses.
Two with the Association since 1920.
Service less than one year—3.
Service over one year—9.
Assigned duties:

1. Recording baby's weight, age and date on Child Welfare Records. This duty keeps the volunteer busy in the weighing room, and she seems interested in seeing the babies weighed.
2. When volunteer is found sufficiently competent, she records the physician's notations, the physical examination and routine instruction, under direction of nurse.
3. Weighing babies—This is only done by two of the volunteers; both of whom are nurses.

New volunteers are encouraged to observe the general routine of the conference before assisting. We make a plan of going over each step carefully before she is assigned to her duties.

On next visit the volunteer will record weights, etc., under direction. When familiar with this procedure, she will take dictation from the physician. This probably after three or four weeks of service, and after she has had opportunity to observe on two or more occasions as seems necessary.

Each volunteer who takes dictation has an outline to assist her in recording.

We request that a volunteer call the substation if for some reason she is unable to attend a conference.

We have volunteers who give their services for only one type of work, for instance—taking dictation or recording weights and ages; while others will give their services in whatever capacity needed.

SUGGESTED DUTIES

Motor corps—transportation of nurses, patients, supplies, etc.
Preschool conferences
Infant welfare conferences
Mothers' clubs—entertaining children during conferences
Holiday camps
Convalescent homes
Publications
Filing—sorting, copying records
Telephone duty—office tending
Library supervision
Scholarships, loans, endowments, prizes
Nurses' insurance, pensions
Surgical supplies—other supplies, layettes, etc., examining gowns, aprons
Loan closets
Bookkeeping
Exhibits, posters
Christmas shopping and telephoning
Legal aid

REFERENCES

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The Usefulness of the Volunteer in Social Work—Edwin S. Brudell. *The Family*, July, 1928, p. 144.
The Family Society—Francis H. McLean. American Association for Organizing Family Social Work, New York.
The Contribution of the Volunteer to Nursing Service—Dr. Helen R. Y. Reid. *The Canadian Nurse*, March, 1928.
The Volunteer Speaks for Herself—Barbara Whitmore. *The Family*, February, 1928.
The Volunteer—A Paradox—Ellen W. Geer. *The Family*, December, 1927.

Annual Report of the Joint Vocational Service

Sponsored by the National Organization for Public Health Nursing

Foreword: This report is of such unusual and general interest that we are glad to share a part of it with our readers.

To the Members of the American Association of Social Workers and the National Organization for Public Health Nursing:

In January, 1927, you inaugurated an experiment in "placing out" under conditions quite ideal, in that you created the foster home where you placed your two wards, the vocational departments of your own professional organizations. In this placing out, your idea was financial independence for the young agency, Joint Vocational Service, with a close enough association with the parent organizations, the American Association of Social Workers and the National Organization for Public Health Nursing, to assure a continuation of former policies and aims. For the success of the plan, you needed the coöperation of national functional and service groups, and you are receiving it.

Some of you know through actual use of the service how the experiment is developing, but to all of you is due an accounting of how this foster home has treated your "placed out" wards. The second year's growth of the joint enterprise is, therefore, briefly reported to you.

A MADE-TO-ORDER NICHE

Not long ago the Leviathan steamed up the harbor bringing home a public health nurse from a period of service in the Near East. To her the sight of New York's sky line and the first touch of native pavements meant, among pleasanter emotions, that the time had arrived for job hunting. Somewhere in those 3,026,789 square miles that lay back of her port of entry, there might be at the moment, a vacancy that called for her specialized hospital and public health experience. But how to find this made-to-order niche, for she was geographically as well as vocationally specific, wanting to work only in New England. Her visit to Joint Vocational Service formed the other part of a coincidence, for she was put into successful contact with a new hospital in Massachusetts which needed an executive with her particular experience. Because the building was not to be finished for six months, for the interval Joint Vocational Service placed her near her home in a job offering advantageous experience.

Public health nurses come for the whole scale of vocational advice. One who had basic experience in a large city had a specialized goal in mind, that of director of a university public health nursing course. She asked how to prepare for it. For her was advised a supervisory position in city community nursing, then a period of rural work, teaching experience, and further university study. Unit by unit she is following this advice, completing gradually her college work in public health nursing, leading to a B.S. degree.

A young nurse presented a more simple, but all too frequent problem. Vocationally promising, she could not be placed in public health nursing because of inadequate secondary education. After careful deliberation, on our advice, she retired from wage-earning, having $1,000 saved, and set out diligently to complete high school as quickly as possible. This accomplished, Joint Vocational Service was able to place her where she is getting sound public health experience. Lately, working part time, she has begun work towards a college degree.

RECORD OF SERVICE

Of the registrants served in 1928, 837 were public health nurses. Their frequently expressed preferences for industrial nursing, school nursing and baby welfare had to be tempered in many cases by the inadequacy of their preparation for these specialized fields. All were, of course, graduate registered nurses. Nearly half had had some college work; a little over half had in addi-

tion to their basic nursing course taken university work in public health nursing and a quarter had completed this full course of study.

During the year 2,377 positions were handled, 300 more than in 1927, 1,582 in social work and 795 in public health nursing. They were from every state in the Union except one, and several were from foreign countries. They were in cities, small towns, and open country, even remote pioneering communities, and in both public and private agencies. The salaries offered were from $900 to $6,500, the most frequent offer being $1,800 to $2,000.

The dual tie which binds us most closely to the parent organizations, American Association of Social Workers, and National Organization for Public Health Nursing, is the work of our two advisory committees. These committees, in advising on actual individual problems arising for both workers and employing agencies are emphasizing the need for comprehensive consideration of personnel policies in both fields.

A third point of contact with both employing agencies and candidates is the pilgrimages by the staff to national conferences where fruitful interviews have been held. During 1928 representatives attended the Biennial Convention in Louisville, the National Conference of Social Work in Memphis, the American Public Health Association in Chicago and some state conferences.

The year's service cost $36,915 of which $13,352 came from fees, $12,130 from employing agencies, $10,900 from Rockefeller and Russell Sage Foundations and $533 largely from individual gifts. Further contributions were made by the Sage Foundation and the Women's Educational and Industrial Union respectively in the form of housing the central and district offices rent free.

Judging by the character of the increase during 1928 of 400 applicants and 300 positions, it is apparent that nothing will impel the organization further ahead in 1929 and future years than a greater use of its various services by the members of the American Association of Social Workers and the National Organization for Public Health Nursing.

•

Believing that factory life is better than it was a century ago, in what way has industrial medicine been of service to the working classes? The answer is by preventing disease and accident. Workers in the various industries have been gradually educated in regard to the dangers incidental to occupation and know better how to avoid them. Employees take greater pride in personal hygiene and its relationship to occupation.

So far as concerns the health and the safety of the workers, present day conditions show a great advance upon those of a century ago. There is a kindlier feeling abroad. Work people are no longer regarded as machines, but as men and women with a mind of their own, and aspiring to higher things. Viewing human life as a whole, if material comfort is to be regarded as an indication of civilization, then the age in which we live compares favorably with the peak attained by some of the great peoples of the past who have left their impress upon the world, but if we would maintain this, it can only be by recognizing the fact that the prosperity of a people is not measured by the affluence of a few, but by the health, efficiency and contentment of the many.

Sir Thomas Oliver in The Journal of State Medicine

ACTIVITIES *of the* NATIONAL ORGANIZATION FOR PUBLIC HEALTH NURSING, INC.

Edited by KATHARINE TUCKER

It is with deep appreciation of all that Miss Beatrice Short has given to the N.O.P.H.N. that her resignation, to take effect in the fall, is announced. It was accepted by the Executive Committee with the following resolution:

> *Resolved*—That the Executive Committee of the National Organization for Public Health Nursing wishes to extend to Miss Beatrice Short a most sincere and appreciative vote of thanks for her valuable services to the Organization during the interim period between Miss Allen's resignation of the directorship, and Miss Tucker's acceptance of the position. The Committee realizes that it is a very difficult and trying thing to carry on as Miss Short has done during a time like this, when all decisions must necessarily be held more or less in abeyance, while, at the same time, the usual demands made upon the Organization continue. It is therefore with a very real feeling of gratitude that the committee votes to extend to Miss Short its appreciation of her unfailing helpfulness and fine spirit of loyalty to the Organization, and through it, to the cause of public health nursing in general.

We are happy to announce that Miss Alma Haupt has accepted the position of Associate Director of the N.O.P.H.N. She comes to the Organization with exceptionally fine equipment. Miss Haupt is a graduate of the University of Minnesota. After graduation she went into social work for a year, following which she went directly to nursing, graduating in 1919 from the School of Nursing at the University of Minnesota with an affiliation of nine months at the School of Nursing of the Johns Hopkins Hospital. For five years she was with the Visiting Nurse Association of Minneapolis as instructor, assistant and superintendent, leaving there to become Assistant Director of the Child Health program of the Commonwealth Fund in Austria where she remained for three years. This brought her into touch with health and nursing activities throughout Europe, giving her a breadth of experience which will be of particular value to this national organization. The last year and a half she has been Associate Director of the Rural Hospital Division of the Commonwealth Fund which has given her wide contact in both hospital and public health fields throughout this country as well.

Miss Haupt will come to the N.O.P.H.N. office on September 15th.

STAFF FIELD TRIPS

In May Miss Tucker made a very stimulating field trip to the middle west, stopping in Cleveland, Chicago, Minneapolis, Detroit and Toledo, where she made contacts individually and in meetings with public health nurses and board members who are carrying on outstanding public health nursing programs in these cities. While such a short trip could give but a kaleidoscopic view, Miss Tucker reports most vivid impressions of splendid work and workers and the mutual advantage to be had from closer contact between the N.O.P.H.N. and the field.

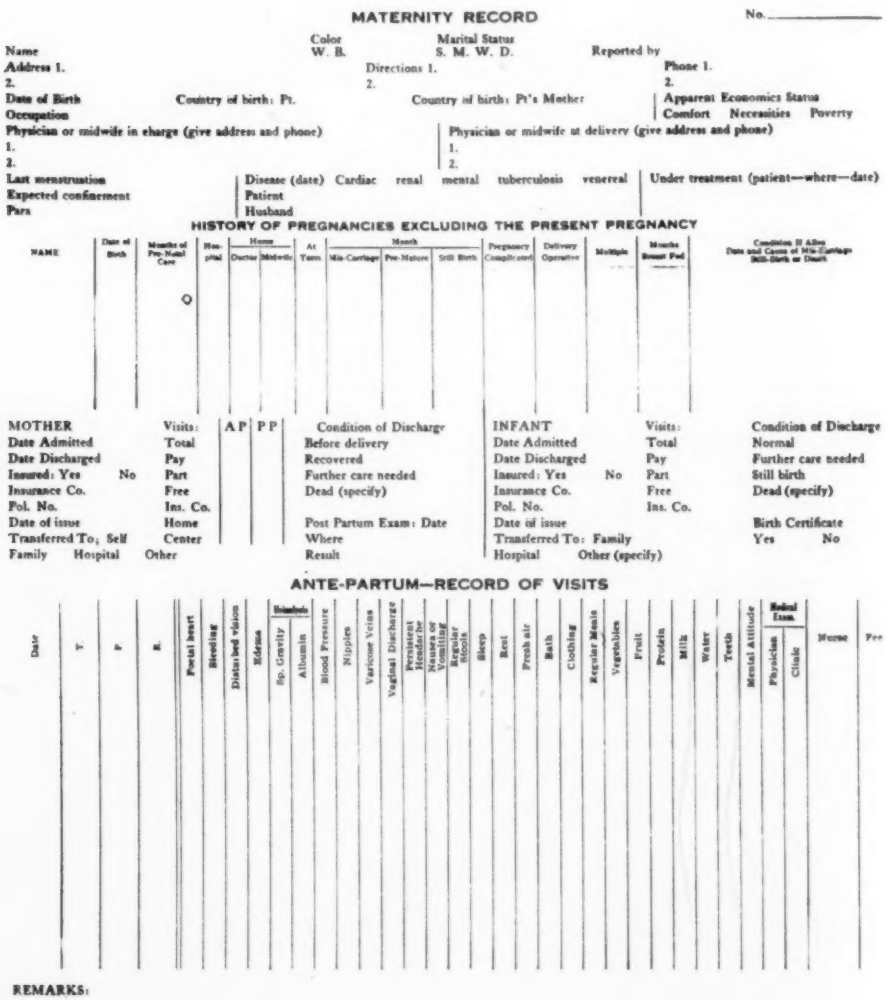
In June, Miss Stimson took a similar trip in New England. She also felt that this contact brought the N.O.P.H.N. into a much more productive relationship both with the problems and with the accomplishments of local work.

A New Maternity Record

Compiled and Approved by the Records Committee of the National Organization for Public Health Nursing

The new Maternity Record is designed to meet the needs of agencies which do not have any provision in their nursing program for continuous health supervision of infants.

The form is a double record and provides space for entering information on care given throughout the entire maternity period (ante-partum, delivery, post-partum, and newborn).



MATERNITY RECORD

No. _____

Name — Color W. B. — Marital Status S. M. W. D. — Reported by

Address 1. — Directions 1. — Phone 1.
2. — 2. — 2.

Date of Birth — Country of birth: Pt. — Country of birth: Pt's Mother — Apparent Economics Status: Comfort Necessities Poverty

Occupation

Physician or midwife in charge (give address and phone) 1. 2.

Physician or midwife at delivery (give address and phone) 1. 2.

Last menstruation — Disease (date) Cardiac renal mental tuberculosis venereal — Under treatment (patient—where—date)

Expected confinement — Patient

Para — Husband

HISTORY OF PREGNANCIES EXCLUDING THE PRESENT PREGNANCY

NAME	Date of Birth	Months of Pre-Natal Care	Hospital	Home: Doctor	Home: Midwife	At Term	Month: Mis-Carriage	Month: Pre-Mature	Month: Still Birth	Pregnancy Complicated	Delivery Operative	Multiple	Months Breast Fed	Condition If Alive: Date and Cause of Mis-Carriage Still-Birth or Death

MOTHER — Visits: Total / Pay / Part / Free / Ins. Co. / Home / Center / Other — A P | P P

Date Admitted

Date Discharged

Insured: Yes No

Insurance Co.

Pol. No.

Date of issue

Transferred To: Self Family Hospital Other

Condition of Discharge: Before delivery / Recovered / Further care needed / Dead (specify)

Post Partum Exam: Date / Where / Result

INFANT — Visits: Total / Pay / Part / Free / Ins. Co.

Date Admitted

Date Discharged

Insured: Yes No

Insurance Co.

Pol. No.

Date of issue

Transferred To: Family Hospital Other (specify)

Condition of Discharge: Normal / Further care needed / Still birth / Dead (specify)

Birth Certificate Yes No

ANTE-PARTUM—RECORD OF VISITS

Date	T	P	R.	Foetal heart	Bleeding	Disturbed vision	Edema	Headache	Sp. Gravity	Albumin	Blood Pressure	Nipples	Varicose Veins	Vaginal Discharge	Persistent Headache	Nausea or Vomiting	Regular Stools	Sleep	Rest	Fresh air	Bath	Clothing	Regular Meals	Vegetables	Fruit	Protein	Milk	Water	Teeth	Mental Attitude	Medical Exam. Physician	Medical Exam. Clinic	Nurse	Fee

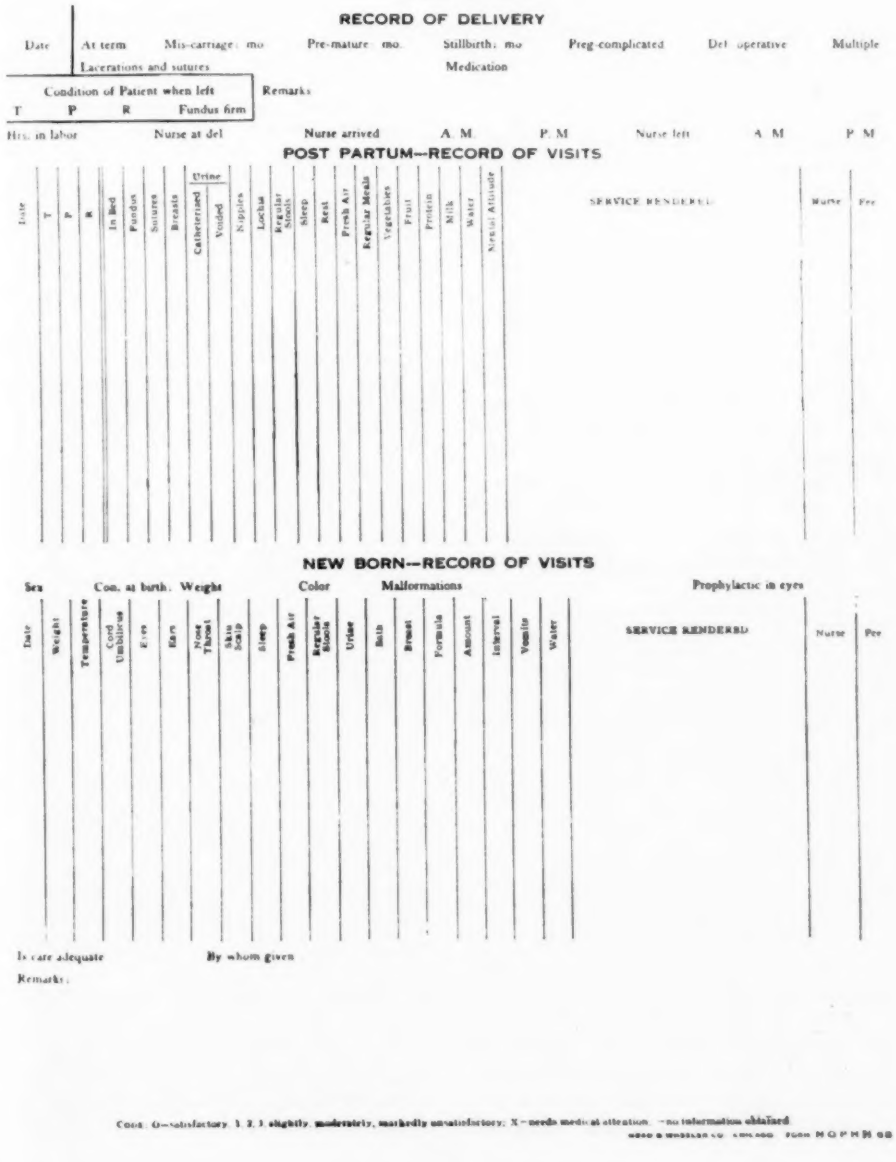
REMARKS:

Code: O—satisfactory: 1, 2, 3, slightly, moderately, markedly unsatisfactory: X—needs medical attention: —no information obtained.

The items on the record and the general make-up of the form are the same as those of the records previously designed by the N.O.P.H.N. Records Committee for use in maternity cases, and published in 1926. This new Maternity Record is not intended to take the place of these first records, as agencies having an infant health supervision service may find the previous forms more suited to their needs.

This record is published by Mead and Wheeler, 1022 South Wabash Avenue, Chicago, Ill., and is now ready for distribution. The form is listed as: "NOPHN 68 Maternity Record-AP-Del-PP-NB (double form)" and the prices are:

$15.60 per 1,000
8.60 per 500
1.85 per 100


RECORD OF DELIVERY

Date | At term | Mis-carriage: mo | Pre-mature: mo. | Stillbirth: mo | Preg-complicated | Del. operative | Multiple

Lacerations and sutures | Medication

Condition of Patient when left: T | P | R | Fundus firm | Remarks

Hrs. in labor | Nurse at del | Nurse arrived | A. M. | P. M. | Nurse left | A. M. | P. M.

POST PARTUM—RECORD OF VISITS

Date | T | P | R | In Bed | Purdon | Sutures | Breasts | Urine: Catheterized | Urine: Voided | Nipples | Lochia | Regular Stools | Sleep | Rest | Fresh Air | Regular Meals | Vegetables | Fruit | Protein | Milk | Water | Nurse's Attitude | SERVICE RENDERED | Nurse | Pre

NEW BORN—RECORD OF VISITS

Sex | Con. at birth | Weight | Color | Malformations | Prophylactic in eyes

Date | Weight | Temperature | Cord Umbilicus | Eyes | Ears | Nose Throat | Skin Scalp | Sleep | Fresh Air | Regular Stools | Urine | Bath | Breast | Formula | Amount | Interval | Vomits | Water | SERVICE RENDERED | Nurse | Pre

Is care adequate | By whom given

Remarks:

Cond.: O—satisfactory, 1, 2, 3, slightly, moderately, markedly unsatisfactory; X—needs medical attention; —no information obtained

Form NOPHN 68

REVIEWS AND BOOK NOTES

Edited by DOROTHY DEMING

The literature on public health is increasing so rapidly that it seems spatially impossible to review all the good material within the pages of the book notes department of this magazine. Our effort has been to review with care and note fully all the public health *nursing* material, and all publications which are of direct use to the public health nurse in her active work. In special numbers we have tried to give selected bibliographies and frequently an article in the body of the magazine carries a list of reference reading.

There is, however, a large group of books of general interest with which every public health nurse should be familiar and which she will find stimulating. Many of these may be borrowed from the National Health Library for three weeks for the mere cost of postage, if they are not available in a local library.

Another method of keeping up with this ever increasing body of health reading in current periodicals as well as book form is to subscribe for the *Library Index* (see advertisement, p. 116, this number) and to secure from the American Public Health Association, 370 Seventh Avenue, New York, its book service leaflet, which lists under topical headings recent publications in the health field. Books may be ordered directly through the A.P.H.A. book service department.

We call attention to the revised list of reprints from THE PUBLIC HEALTH NURSE which appears on page — of the advertisements. A complete list of reprints is available upon request.

The National League of Nursing Education, 370 Seventh Avenue, New York City, also publishes a list of reprints, and has photographs of nursing leaders for sale. Information will be furnished upon request.

In this July book notes department we are listing briefly, with or without comment, a few of the recent books of general interest. No attempt has been made to cover the entire field for the year, since our space is so limited.

The Facts of Modern Medicine—Francis W. Palfrey, M.D. D. Appleton & Co., 1929. $5.00. A simplified statement of established knowledge on medical subjects with reference also to certain current misconceptions.

Home and Community Hygiene—Jean Broadhurst, Ph.D. J. B. Lippincott Co., Philadelphia. Fourth edition, *revised and enlarged*, $3.00. Should be known by and available to every public health nurse.

Rural Sociology—Augustus W. Hayes, Ph.D. Longmans Green & Co., New York, 1929. $3.50. Well worth a reading by the rural nurse.

Your Eyes and Their Care—Edgar S. Thomson, M.D. D. Appleton & Co., New York, 1929. $1.50. A direct simple statement on the anatomy, physiology, abnormal conditions and care of the eyes.

Body Mechanics and Health—Leah C. Thomas. Houghton, Mifflin Co., New York, 1929. $1.50. Revised and enlarged edition. Full of valuable suggestions for posture class workers, school nurses, and physiotherapists. Well illustrated.

The Little Deaf Child—John Dutton Wright. Published by the Wright Oral School, New York City, 1928. $1.00. A book for parents or those who must teach the deaf.

You—And the Doctor—John B. Hawes, 2nd, M.D. Houghton Mifflin Co., New York, 1929. $2.00. A book to help the general public understand the doctor's job and assist him. A good book to recommend for interesting reading for board and committee members.

The Inferiority Feeling — William S. Walsh, M.D. E. P. Dutton & Co., New York, 1928. $2.50. A discussion of the popular complex, readably presented.

Modern Youth and Marriage—Henry Neumann, Ph.D. D. Appleton & Co., 1928. $1.50. A wholesome viewpoint of this much discussed problem.

Community Hygiene — Dean Franklin Smiley, M.D., and Adrian Gordon Gould, M.D. Macmillan Company, 1929. $2.00. Informative—well worth acquaintance.

The Child in America—Behavior Problems and Programs—William I. Thomas and Dorothy Swain Thomas. Alfred A. Knopf,

New York City, 1928. $6.50. A technical examination of child study problems.

Health and Physical Education—Alonzo Myers and O. C. Bird. Doubleday, Doran & Co., Garden City, New York, 1928. $1.50. Will be of interest to school nurses.

Out of Babyhood into Childhood. Folder No. 10, published by the Children's Bureau, U S. Department of Labor. Concerns itself with the habits, play, sleep, cleanliness, clothing, diet, and health of the child from one to six years. It is ideal for distribution to mothers of preschool children.

The Chicago Visiting Nurse Association has reprinted *The Nurse's First Visit,* by Edna L. Foley, originally published in THE PUBLIC HEALTH NURSE in December, 1918, and revised October, 1926.

Good Food Habits for Children is leaflet No. 42 published by the U. S. Department of Agriculture (5 cents each). It is well illustrated and full of suggestions for establishing good food habits in the early years of childhood.

A series of articles dealing with child labor in its relation to education, health, mental hygiene, recreation, parental education, and the standard of living, by Gertrude Folks Zimand, has been reprinted from *The American Child.* It may be obtained from the National Child Labor Committee, 215 Fourth Avenue, New York City.

A bibliography of *Camp Safety, Hygiene and Sanitation* may be obtained from the Education Division, National Safety Council, 1 Park Avenue, New York City. A section covers books on health promotion and first aid.

A new revised *List of Health Magazines in the United States* may be purchased for ten cents from the National Health Library, 370 Seventh Avenue, New York City. The list is divided into national, state and local publications.

Hospital Administration: A Career, by Michael M. Davis, Ph.D., is a report which deals with the need of trained executives for a billion dollar business and how they may be trained. While most of the material presented is of more interest to hospital executives than to public health nurses, it is all pertinent to the task of understanding the problems of the nursing profession as a whole. We cite a table (page 16) of comparative salaries of hospital superintendents and directors of public health nursing organizations:

Salaries of the former, without maintenance, range from $1,500 to $3,500; for the latter, $1,800 to $4,800.

The Health of the American Indian is the subject of the U. S. Public Health Service Report for April 19, 1929 (Vol. 44, No. 16).

"More has been learned about the science of health and the prevention of diseases in the last fifty years than in all previous history." *Medicine, Its Contribution to Civilization,* by Edward B. Vedder, M.D., translates this phenomenal advance into narrative form for general reading, considering conditions such as cancer, the degenerative and communicable diseases at length. It is a little disappointing to find but one paragraph of the 387 pages devoted to public health nurses. Williams & Wilkins Company, Baltimore, Md. Price $5.00.

One purpose of *Questions and Answers for Nurses* by Irene V. Kelley is to afford material assistance to graduate nurses in preparing for examinations in states in which they may not have reciprocity. The material is presented in the new objective type of question and answer, unfamiliar to older nurses, as well as the essay type formerly so popular. W. B. Saunders Company, Philadelphia. Price $2.50.

NEWS NOTES

In its December, 1928, issue *The Farmer's Wife* published a questionnaire asking its readers for information about the availability of medical care in rural communities. Eight hundred and sixty farm women representing every State in the Union responded, and their replies are summarized in the May issue of the magazine. The average family consisted of four or five members and was 7 miles from the nearest doctor, the distance varying from a few village blocks to 75 miles. Because of the steady loss in the number of physicians in the rural districts the offices of the remaining physicians are more widely scattered and it is more difficult to get a doctor promptly. City physicians can not entirely take the place of the "country doctors"; moreover, some of them refuse to make country calls, especially at night or over bad roads.

One of the reasons why the cost of sickness is high for farm families is the mileage which physicians must charge for visits to rural homes. This charge is usually a dollar a mile, levied one way. The average family in the group reporting spent $104.94 for medical care last year, the amount varying from nothing at all to $3,024.25. The average cost of a new baby, with hospital care, was $102.50—$25 for the physician's fee and the rest for hospital service. The replies indicate that many farm families, unable to pay large bills for medical treatment and unwilling to accept charity, are going without needed medical care, while many others are crippled financially by the bills they are obliged to pay.

The replies also showed hospital service to be inadequate. The families represented are an average of 18 miles from the nearest hospital, the distances varying from a half mile over a paved road to 75 miles or more over mountain trails. Half the replies on this point were qualified by "depends upon the roads." Nurses are available within 12 hours for four out of five families, but nearly all are "practical" rather than "trained" nurses.

Bills to provide for a continued federal program of maternity and infancy hygiene were introduced in both Houses of the 71st Congress on April 18th. Senator Jones of Washington is the sponsor of S. 255 and Representative Cooper of Ohio of H.R. 1195. The two measures are identical and follow the general form of the original Maternity and Infancy (Sheppard-Towner) Act which was passed in 1921 and which will terminate on July 1, 1929. Action is pending.

It has been a real pleasure to welcome the foreign nurses who are visiting in this country prior to the Congress of the International Council of Nurses to be held in Montreal in July. Among those calling at the N.O.P.H.N. office were:

Mlle. Chaptal, France
Miss Muriel, London
Miss Rosenblad, Stockholm
Miss Sunstrom, Stockholm
Miss Sandkuehler, Augsburg, Germany
Miss Snellman, Finland
Sister Bergljot Larssen, Sweden
Sister Elizabet Lind. Sweden
Sister Ida Carlson, Sweden
Mlle. Mechelynck, Belgium
Miss MacKenny, New Zealand

The American Conference on Hospital Service, with the full approval of the Board of Trustees and Delegates, has made an agreement with the American Hospital Association to maintain and administer the Hospital Library and Service Bureau on and after June 30, 1929.

To give the American Hospital Association full freedom in the adminis-

tration of the Bureau, Miss Donelda R. Hamlin, Director of the Hospital Library and Service Bureau since its establishment, has presented her resignation to take effect June 25, 1929.

The Philippine Legislature has appropriated a sum of money to enable two members of the Filipino Nurses' Association to attend the Congress of the International Council of Nurses in Montreal. The two delegates will be Miss Enriqueta Macaraig, representing institutional nursing and training schools for nurses, and Miss Genara S. Manongdo, who is chief nurse, Public Health Nursing Section, Philippine Health Service. Miss Maria Tinawin, nurse supervisor of the American Red Cross Philippines Chapter, has been appointed to represent the Philippines Chapter at the International Congress.

The Division of Social Hygiene of the New York State Department of Health is offering a course in sex education for school nurses. This consists of five one and one-quarter hour lectures followed by discussions and assigned readings. At present classes are being conducted in Schenectady for nurses in city schools and in Buffalo for nurses in the rural schools of Erie County.

The syllabus has been approved by the Bureau of Medical Inspection of the State Department of Education, and nurses are enrolled only at the request or approval of their supervisors.

The titles of the lectures are:

Anatomy, Physiology and Hygiene of Both Sexes.
Physical, Psychological, Sociological Sex Differences, and their Influence on Behavior.
Development of Sex Emotions and Stages of Sex Relationships.
The Control of Syphilis and Gonorrhea.
Sex Education in the School Curriculum.

After a five years' legislative campaign, New York State has adopted a new child marriage law, which requires the consent of a judge of a children's court as well as that of the parents before marriage licenses may be issued for girls under 16 years of age.

Announcement is made of the creation by United States Senator James Couzens of Michigan of a trust fund of $10,000,000 to be known as the Children's Fund of Michigan, to "promote the health, welfare, happiness, and development of the children of the State of Michigan and elsewhere throughout the world." The fund, including principal and interest, is to be spent in its entirety within 25 years after May 1, 1929.

Nursing and home hygiene care to nearly 3,000 children forms such an active branch of the service of the Frontier Nursing Service in Kentucky, that it has been placed under a special educational supervisor.

The recent admission of Nevada to the United States birth-registration area leaves only three States—New Mexico, South Dakota, and Texas—where it is estimated that registration of births is not at least 90 per cent complete, which is the requirement for admission to that area.

Wisconsin is the first state to make an appropriation for Indian nursing service. The legislature has appropriated $8,000 annually for the last four years. These nurses have been assigned to the Bureau of Public Health Nursing and the bureau is directly responsible for their work.

A new plan for reducing the cost of medical care to persons of moderate means will be undertaken by the Massachusetts General Hospital of Boston with the aid of the Julius Rosenwald Fund. A significant feature is that the distinguished medical staff of this hospital, one of the best known in the country, have themselves initiated a schedule of fees at moderate rates and have asked that these fees be collected by the hospital acting as agent for the doctors. The new service will about cut in half the usual total bill for hospital sickness of a middle class patient. This service will be rendered in the Baker Memorial Building, a special section of the hospital now under construction. The rates including all

nursing service will be from $4 to $6.50 per day.

The Julius Rosenwald Fund has appropriated $150,000 to pay a substantial part of the deficit which is expected to be incurred during the first years, until the beds are fully occupied. After that, the Baker Memorial Building is expected to be self-supporting.

The National Association of Colored Graduate Nurses will hold their meeting in New York City August 20–23.

The Third Biennial Conference of the World Federation of Education Associations will be held in Geneva July 25 to August 4 under the patronage of the Swiss Federal Council with the collaboration of the International Bureau of Education.

The health section will organize as a working conference to study and compare the methods of school health procedures in the different countries of the world. This section has planned a tour through several European countries for the purpose of observing school health and child health activities. For information address the chairman, Prof. C. E. Turner, Massachusetts Institute of Technology, Boston, Mass.

APPOINTMENTS

Ella McNeil, recently Assistant Director of Nursing, Indiana State Board of Health, as Executive in charge of nursing activities for the Southeastern Chapter of the American Red Cross with headquarters at Philadelphia, Pa.

Clara Ross to succeed Mrs. Virginia G. McPheeters as Director of Nursing, Charlotte, North Carolina.

Clara Rue as Educational Director of the Visiting Nurse Association, Milwaukee, Wisconsin.

Helen Bean as Red Cross Nursing Field Representative for Indiana to succeed Margaret Reid.

Joint Vocational Service reports the following appointments:

Helen Albano, who is a candidate for her Ph.D. at Michigan University, assumes in June the position of Assistant Professor of Nursing Education, Peabody College, Nashville, Tennessee.

Anita Jones will do a special piece of educational propaganda in maternity-infancy work in women's clubs throughout the United States under the auspices of the Maternity Center Association of New York City.

Elizabeth Culver, formerly Director of the Visiting Nurse Association, Wilkes Barre, Pa., as Director of an amalgamated public health nursing service in Greenwich, Conn.

Ann Hellner, Yale School of Nursing, goes to Saginaw, Michigan, in the early fall to organize a visiting nurse association.

Anna Heisler will organize a public health nursing course in connection with Washington University, St. Louis, Missouri.

Geneva Hoilien, Assistant Director of the Detroit Visiting Nurse Association, as Director of the Albany, New York, Guild for Public Health Nursing, on August 1.

Blanche Lincoln as Supervisor in the Visiting Nurse Association, Richmond, Va.

Mrs. Sophie Ashley as Supervisor in the Visiting Nurse Association, Wilmington, Delaware.

Gayle Pond will organize industrial nursing at the Union Carbide Company, Chicago, Illinois.

Mary C. Connor as Educational Director, Instructive Visiting Nurse Society, Washington, D. C., to succeed Dorothy Rood who will attend Teachers College next year.

Florence E. Strausse has taken charge of the clinics of the New York Dispensary, New York City.

Agnes Campbell as nurse in charge of the Marion County Health Department, Salem, Oregon.